


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A03000001830</b> 1. Entity Name <b>IN STITCHES NEEDLEPOINT, LTD.</b>	
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FILED  
2005 APR 15 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

Principal Place of Business <b>6657 LAKE WORTH ROAD LAKE WORTH FL 33467</b>		Mailing Address <b>6657 LAKE WORTH ROAD LAKE WORTH FL 33467</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>AP-PLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>CACCIATORE, BIRTHE</b> <b>10137 MANGROVE DRIVE, #205</b> <b>BOYNTON BEACH FL 33437</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>651 E. Woolbright Rd. #403E.</b>	
City <b>Boynton Beach</b>	FL Zip Code <b>33435</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$20,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$20,000.00</b>
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**\$140.00 + \$88.75 =**  
**11. FILE NOW!!! Due by May 1, 2005.**  
 See Block 11 instructions for fee info.  
**\$228.75**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	<b>CACCIATORE, BIRTHE</b>
STREET ADDRESS	<b>10137 MANGROVE DRIVE, #205</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>651 E. Woolbright Rd. #403E.</b>
CITY-ST-ZIP	<b>Boynton Beach FL 33435</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *Birthe Cacciatore* **04/12/05** **561-737-1885**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE