2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

_		Due D	y May 1, 2005					H C L	
	DOCUMENT # A0400001982						SECRETA	PY OF STATE	
	1. Entity Nam	e				} 0	IVIŠION ÓF	RY OF STATE CORPORATIONS	
Ì	MIRACLE NEEDLE LIMITED PARTNERSHIP					ļ			
							05 JUN -9	9 AM 10: 33	
1	Principal Place of Business Mailing Address				<u> </u>	1			
	365 E. S.R. 434 LONGWOOD, FL 32750 US		671 MURPHY ROAD	•		d			
			WINTER SPRINGS, FL						
						KLAS HEALING HEAL RE	LIR COLL ETTE ELIA EL IA	H STAN ETTEL ETTO HEID HERD COVER IN 1881	
ŀ	2. Principal Place of Business 3. Mailing Addres		3. Mailing Address	·····					
						I SAMINI WALL IN		u wein goler with mist term others bi iddi	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02042005	Chg-LP	CR2E003 (10/03)	
}	City & State		City & State	City & State		4. FEI Number		Applied For	
							20-17934	Not Applicable	
İ	Zìp	Zip Country Zip		Coun	try	5. Certificate o	Status Desired	\$8.75 Additional Fee Required	
}	6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent				
					Name				
-	LAM, GWYNETH H———————————————————————————————————				Street Address (P.O. Box Number is Not Acceptable)				
	WINTER SPRINGS, FL 32708				disciration (dox remote is not recognize)				
					City			FL Zip Code	
ł	8. The above named entity submits this statement for the purpose of changing its re			register	led office or register	red agent, or both	, in the State of Flo	orida. I am familiar with, and accept	
	the obligations of registered agent.								
-	SIGNATURE Signature, typed or or triad name of registered agent and the it applicable. OATE							CATE	
	9. Capital Contributions as Shown on record. \$0.00 in FLORIDA to date.				butions				
1	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.								
ŀ	NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY								
Ì	OOCUMENT /						7001,000 010	TOLO OIL!	
	LAM, NAN T STREET ADDRESS 671 MURPHY ROAD WINTER SPRINGS EL 32708			SIM	EET ADDRESS			****	
				CITY	-SI-ZIP				
	CITY-ST-DP WINTER SPRINGS, FL 32708								
	NAME	I			EET ADDRESS				
	STREET ADORESS	671 MURPHY ROAD			-ST-ZIP				
-	CITY-ST-ZIP	7111721101111100,72 02,700							
	DOCUMENT # NAME			STR	EET ADDRESS				
l	STREET ADDRESS			CITY	-ST-ZIP	40	00564	-04004 023 **141_25	
-	CITY-ST-ZIP			-		06/21/	<u>0501052-</u>	023 **141-25	
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S	NAME STREET ADDRESS	•							
	CITY-ST [®] ZIP			CITY	-51-719				
	14. I hereby o	certify that the information supplies	d with this filing does not qualify for and that my signature shall have	or the exe	emption stated in Se e legal effect as if r	ection 119.07(3)(i) made under oath:	, Florida Statutes.	I further certify that the information of Partner of the limited partnership or	
	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								
		Ga HHIMIN MY 2/26							
	SIGNAT	URF: (7)	KILAYOTKAL WWW			J	1 11/10		