


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DOCUMENT # A96000002520	
1. Entity Name MACCHI FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 7 WOODEN SHOE LN. LONGWOOD, FL 32750	Mailing Address 7 WOODEN SHOE LN. LONGWOOD, FL 32750
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2. Principal Place of Business 840 Lake Avenue Suite, Apt. #, etc.	3. Mailing Address 517 S Foxridge Dr. Suite, Apt. #, etc.
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City & State Altamonte Springs FL	City & State Raymore, MO
Zip 32701	Zip 64083
Country USA	Country USA

6. Name and Address of Current Registered Agent MACCHI, JAMES S 7 WOODEN SHOE LN. LONGWOOD, FL 32750	7. Name and Address of New Registered Agent Name Adam S Macchi Street Address (P.O. Box Number is Not Acceptable) 840 Lake Ave. City Altamonte Springs FL Zip Code 32701
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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. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000097218 MACCHI ENTERPRISES, INC. 7 WOODEN SHOE LN. LONGWOOD, FL 32750	STREET ADDRESS CITY-ST-ZIP	517 S Foxridge Dr. Raymore, MO 64083
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE