


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002291
 1. Entity Name
THE CRACCHIOLO GROUP LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
2855 S. CONGRESS AVE., SUITE A **2855 S. CONGRESS AVE., SUITE A**
DELRAY BEACH, FL 33445 **DELRAY BEACH, FL 33445**

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country



03302004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
59-1710815 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CRACCHIOLO, JOHN E
2855 S. CONGRESS AVE., SUITE A
DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent
 Name
 Street Address (P O Box Number is Not Acceptable)
 City **FL** Zip Code

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 **\$1,000,000.00**

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 #	F97000005546
NAME	CHESTERFIELD PARK CORPORATION
STREET ADDRESS	2855 S. CONGRESS AVE., SUITE A
CITY ST ZIP	DELRAY BEACH, FL 33445
DOCUMENT #	
NAME	
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
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STAPLE CHECK HERE

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:  **4-26-04** **(561) 243-9800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

JOHN E. CRACCHIOLO, SEC./TREAS. CHESTERFIELD PARK CORP., GEN. PARTNER