

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 10: 14

DOCUMENT # A9700002710
1. Entity Name
NORMAN AND LILA SIEGEL FAMILY LIMITED PARTNERSHIP

Principal Place of Business
**2228 ORIOLE DRIVE
SARASOTA FL 34239-3731**

Mailing Address
**2228 ORIOLE DRIVE
SARASOTA FL 34239-3731**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

Handwritten initials



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent
**SIEGEL, NORMAN
2228 ORIOLE DRIVE
SARASOTA FL 34239**

4. FEI Number **65-6253593** Applied For Not Applicable

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

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 *Norman Siegel* DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **38,500 - 6200,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.**

**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 #	SIEGEL, NORMAN
NAME	2228 ORIOLE DRIVE
STREET ADDRESS	SARASOTA FL 34239
CITY-ST-ZIP	
DOCUMENT #	SIEGEL, RUTH LILA
NAME	2228 ORIOLE DRIVE
STREET ADDRESS	SARASOTA FL 34239
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	
CITY-ST-ZIP	
STREET ADDRESS	100050694541
CITY-ST-ZIP	04/14/05--01011--004 **358.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

_____ Date _____ Daytime Phone #