


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**  
**Sep 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000002677</b> 1. Entity Name <b>THE STOLFI LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>10590 LIMEBERRY DRIVE          BOYNTON BEACH, FL 33436</b>			Mailing Address <b>10590 LIMEBERRY DRIVE          BOYNTON BEACH, FL 33436</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		07202004    Chg-LP    CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>65-0889769</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>FICK, RONALD L          C/O DUNWODY WHITE &amp; LANDON, P.A.          239 SOUTH COUNTY ROAD, SUITE 300          PALM BEACH, FL 33480</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL    Zip Code		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$1,500,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME	STREET ADDRESS		CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;">             1000000172317              09/17/04 800003-007 926.25           </div>	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	STREET ADDRESS		CITY-ST-ZIP	STREET ADDRESS	
DOCUMENT #	NAME		CITY-ST-ZIP	STREET ADDRESS	
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CITY-ST-ZIP	STREET ADDRESS		CITY-ST-ZIP	STREET ADDRESS	
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					
<b>SIGNATURE:</b> <i>Marie R Stolfi</i>			Date <i>7/25/04</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Daytime Phone #</small>		

STAPLE CHECK HERE