

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 APR 19 PM 2:14

DOCUMENT # A99000001329 1. Entity Name THE REICH FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 1416 TUSCA TRAIL WINTER SPRINGS, FL 32708	Mailing Address 1416 TUSCA TRAIL WINTER SPRINGS, FL 32708
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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01092004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3592726	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent REICH, STEPHEN G 1416 TUSCA TRAIL WINTER SPRINGS, FL 32708	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$4,200.00	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	REICH, STEPHEN G 1416 TUSCA TRAIL WINTER SPRINGS, FL 32708	STREET ADDRESS CITY-ST-ZIP	300035794943 05/10/04--01022--010 **88.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	REICH, SHYLA G 1416 TUSCA TRAIL WINTER SPRINGS, FL 32708	STREET ADDRESS CITY-ST-ZIP	300035794943 05/10/04--01022--011 **52.50
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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: *[Signature]* Date: *3/5/04* Daytime Phone #: *407-695-2781*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER