
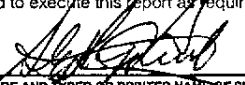


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Jan 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # A99000001329			
1. Entity Name THE REICH FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 1416 TUSCA TRAIL WINTER SPRINGS, FL 32708		Mailing Address 1416 TUSCA TRAIL WINTER SPRINGS, FL 32708	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		01032005 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		7. Name and Address of New Registered Agent	
REICH, STEPHEN G 1416 TUSCA TRAIL WINTER SPRINGS, FL 32708		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. \$4,200.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	REICH, STEPHEN G	STREET ADDRESS	
NAME	1416 TUSCA TRAIL	CITY - ST - ZIP	
STREET ADDRESS	WINTER SPRINGS, FL 32708		
CITY - ST - ZIP			100000177259
DOCUMENT #	REICH, SHYLA G	STREET ADDRESS	01/12/05-80004-004 141.25
NAME	1416 TUSCA TRAIL	CITY - ST - ZIP	
STREET ADDRESS	WINTER SPRINGS, FL 32708		
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 		Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		1-4-05	407-695-2481

STAPLE CHECK HERE