


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B01000000395 1. Entity Name THE RIZZI MANAGAMENT GROUP OF SOUTHERN FLORIDA LIMITED PARTNERSHIP	
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Principal Place of Business 15 EAST NORTH ST DOVER, DE 19901	Mailing Address 15 EAST NORTH ST DOVER, DE 19901
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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FILED
 04 JAN 29 AM 9:27
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



01242004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent PROBST, DANIEL J 3300 PGA BLVD SUITE 500 PALM BEACH GARDENS, FL 33410	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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4. FEI Number 65-1009833	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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. \$825,000.00	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 #	M01000002617	STREET ADDRESS	
NAME	THE RIZZI MANAGEMENT GROUP, LLC	CITY - ST - ZIP	
STREET ADDRESS	14444 BOXWOOD DR		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 334186674		
DOCUMENT #		STREET ADDRESS	
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 01/29/04--01072--013 **526.25

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]* *T. Ann Johnson* 1/25/04 561 776-5739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE