

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

ld 02/25/04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 13 PM 1:13

DOCUMENT # B01000000410
1. Entity Name
ST. ALBANS FINANCIAL COMPANY LIMITED PARTNERSHIP



Principal Place of Business: C/O J. YAMPOLSKY, ED 628 GREENHILL, 1001 CITY AVENUE, WYNNEWOOD PA 19096
Mailing Address: C/O J. YAMPOLSKY, ED 628 GREENHILL, 1001 CITY AVENUE, WYNNEWOOD PA 19096



MOORE CR2E003 (11/03)

2. Principal Place of Business: C/O J. YAMPOLSKY, 632 MONTGOMERY AVENUE, SUITE 300, NARBERTH, PA
3. Mailing Address: C/O J. YAMPOLSKY, 632 MONTGOMERY AVENUE, SUITE 300, NARBERTH, PA

City & State: NARBERTH, PA
Zip: 19072
Country: [Blank]

4. FEI Number: 23-2012560
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MUNROE, W. BRADLEY
239 EAST VIRGINIA STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name: [Blank]
Street Address (P.O. Box Number is Not Acceptable): [Blank]
City: [Blank] FL Zip Code: [Blank]

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: \$9,800.00
10. Amount of Capital Contributions in FLORIDA to date: 9800.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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. *157.35*

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	MAJA MANAGEMENT CORP
NAME	ED 628 GREENHILL, 1001 CITY AVE
STREET ADDRESS	WYNNEWOOD PA 19096
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	632 MONTGOMERY AVENUE, SUITE 300
CITY-ST-ZIP	NARBERTH, PA 19072
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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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: *JACK YAMPOLSKY*
ST. ALBANS FINANCIAL COMPANY, BY MAJA MANAGEMENT CORP., ITS GEN'L PARTNER
Pass of Corp Gen'l Pta 1/31/04 215-545-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #