

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN 31 AM 9:43

DOCUMENT # B0100000410
1. Entity Name
ST. ALBANS FINANCIAL COMPANY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
C/O J. YAMPOLSKY 632 MONTGOMERY AVENUE, SUITE 300 NARBERTH PA 19072
C/O J. YAMPOLSKY 632 MONTGOMERY AVENUE, SUITE 300 NARBERTH PA 19072

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

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**

JS
1ST MOORE CR2E003 (10/04)
7. Name and Address of New Registered Agent
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 *[Signature]* DATE *1/25/05*

11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for more info.

9. Capital Contributions as Shown on record. \$9,800.00
10. Amount of Capital Contributions in FLORIDA to date. *9800.00*

**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	
DOCUMENT #	
NAME	MAJA MANAGEMENT CORP
STREET ADDRESS	632 MONTGOMERY AVENUE, SUITE 300
CITY-ST-ZIP	NARBERTH PA 19072
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date: *1/25/05* Daytime Phone #: *215-545-4800*

STAPLE CHECK HERE