


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 05, 2004 08:00 AM
Secretary of State

DOCUMENT # B99000000182	
1. Entity Name NOCH INTERNATIONAL FUND, L.P.	

Principal Place of Business 1978 GULF SHORE BLVD., SOUTH NAPLES, FL 34102	Mailing Address 1978 GULF SHORE BLVD., SOUTH NAPLES, FL 34102
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01142004 Chg-LP CR2E003 (10/03)

4. FEI Number 13-3642091	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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. \$16,157,575.00	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	
NAME	NOCH, MICHAEL A	CITY-ST-ZIP	
STREET ADDRESS	1978 GULF SHORES BLVD SOUTH		
CITY-ST-ZIP	NAPLES, FL 34102		
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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02/20/04 00023 007 526.25

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 AND TITLE OF GENERAL PARTNER

MICHAEL A. NOCH 1/20/2004

Date

Daytime Phone #

STAPLE CHECK HERE