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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name Holland & Knight LLP			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 2099 Pennsylvania Avenue, NW Suite 100 City Washington State/Zip (or Country) DC 20006			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name Sophia Nelson	Telephone 202-828-1891	E-mail (optional) sophia.nelson@hklaw.com	5. Senate ID # 18466-
7. Client Name <input type="checkbox"/> Self Unique Comp, Inc.			6. House ID # 30825-

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-D


9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report >> Termination Date _____

11. No Lobb

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$10,000.00</u> Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000 of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description c</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6013 of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 of the Internal Revenue Code</p>



Signature _____

Printed Name and Title **Sophia Nelson - Senior Counsel** _____ F