


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A95000001153

1. Entity Name
BISANZ FAMILY LIMITED PARTNERSHIP



FILED

2004 JUN -8 P 3:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
**715 WILLOWOOD LANE
 NAPLES, FL 34108**

Mailing Address
**715 WILLOWOOD LANE
 NAPLES, FL 34108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

05242004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0600056

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KELLY, CHARLES M JR.
 2640 GOLDEN GATE PKWY.
 STE. 315
 NAPLES, FL 34105-3203**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #		STREET ADDRESS	
NAME	BISANZ, LEONARD W	CITY-ST-ZIP	
STREET ADDRESS	715 WILLOWOOD LANE		
CITY-ST-ZIP	NAPLES, FL 34108		
DOCUMENT #		STREET ADDRESS	
NAME	BISANZ, HELEN C	CITY-ST-ZIP	
STREET ADDRESS	715 WILLOWOOD LANE		
CITY-ST-ZIP	NAPLES, FL 34108		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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: *Helen C. Bisanz* **June 2, 2004** **651-695-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #