


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 AUG 16 PM 2:09

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MCH

DOCUMENT # A95000001600			
1. Entity Name BIANCULLI FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 513 PALM DR. HALLANDALE, FL 33009		Mailing Address 513 PALM DR. HALLANDALE, FL 33009	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FABRICANT, MICHAL R 2051 BOREALIS WAY WESTON, FL 33327		Name Dade County Corporate Agents, Inc.	
		Street Address (P.O. Box Number is Not Acceptable) Lynn W. Fromberg, President	
		18901 NE 29th Avenue, #100	
		City Aventura FL Zip Code 33180	
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 <u><i>Dade Corporate Agents Inc</i></u> Signature, typed or printed name of registered agent and title if applicable. DATE			
9. Capital Contributions as Shown on record. \$1,300,000.00		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 #	P95000078383	STREET ADDRESS	
NAME	L.D.L.E., INC.	CITY-ST-ZIP	
STREET ADDRESS	513 PALM DR.	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 <u><i>Louis R. Bianculli</i></u>		Date <u><i>8/10/04</i></u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	



07282004 Chg-LP CR2E003 (10/03) *8/10*

4. FEI Number **65-0616900** Applied For Not Applicable

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

STAPLE CHECK HERE

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