2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002924

1. Entity Name
GRALLO FAMILY PROPERTIES, LTD.

Principal Place of Business	Mailing Address
223 66TH STREET SOUTH ST. PETERSBURG, FL 33707	GRALLO PROPERTIES INC PO BOX 189 SOUTH YARMOUTH, MA 02664

04062004 Chg-LP CR2E003 (10/03)

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

4. FEI Number: 59-3496722 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

WILKINSON, G. BARRY
C/O LEFTER, CUSHMAN, WILKINSON & SADORF,PA
696 FIRST AVENUE NORTH, SUITE 201
ST. PETERSBURG, FL 33707

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.	$2,000,000.00	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	GRALLO, LUCILLE E		
STREET ADDRESS	223 66TH STREET SOUTH	CITY-ST-ZIP	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707		
DOCUMENT #	P97000108871	STREET ADDRESS	U00000160876
NAME	GRALLO PROPERTIES, INC.		05/18/04-80003-022 526.25
STREET ADDRESS	223 66TH STREET SOUTH	CITY-ST-ZIP	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707		
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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: Susan Thomalla, Manager 4/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #