


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -1 AM 9:27

DOCUMENT # A98000001862
1. Entity Name
THE MANNO FAMILY LIMITED PARTNERSHIP



Principal Place of Business: **7420 MIAMI VIEW DRIVE
NORTH BAY VILLAGE FL 33141**
Mailing Address: **1140 KANE CONCOURSE, FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154**



MOORE CR2E003 (11/03)

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

4. FEI Number: **65-0851077**
Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SILVERS, ROBERT HENRY
1140 KANE CONCOURSE, FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154**

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: _____
11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE - SEE REVERSE SIDE FOR FEE INFORMATION**

**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	
DOCUMENT #	
NAME	MANNO, BERT
STREET ADDRESS	7420 MIAMI VIEW DRIVE
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141
DOCUMENT #	
NAME	MANNO, JOSEPHINE A
STREET ADDRESS	7420 MIAMI VIEW DRIVE
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	980030254439
STREET ADDRESS	03/11/04--01007--009 **535.00
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Bert Manno* **BERT MANNO** **2/27/04** **305-864-7531**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #