


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
04 JUL -8 PM 2: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000786		
1. Entity Name SAM & JOSEPHINE, LTD.		

Principal Place of Business 5002 NORTH HOWARD AVENUE TAMPA, FL 33603	Mailing Address 5002 NORTH HOWARD AVENUE TAMPA, FL 33603
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07022004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent	
AGLIANO, SAM 5002 NORTH HOWARD AVENUE TAMPA, FL 33603	

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. \$20,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 #	NAME	STREET ADDRESS	
STREET ADDRESS	AGLIANO, SAM		
CITY-ST-ZIP	5002 NORTH HOWARD AVENUE TAMPA, FL 33603	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	AGLIANO, JOSEPHINE		
CITY-ST-ZIP	5002 NORTH HOWARD AVENUE TAMPA, FL 33603	CITY-ST-ZIP	600039397866 07/21/04--01094--003 **526.25
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	AGLIANO, FRANK		
CITY-ST-ZIP	5002 NORTH HOWARD AVENUE TAMPA, FL 33603	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	AGLIANO, DAVID		
CITY-ST-ZIP	5002 NORTH HOWARD AVENUE TAMPA, FL 33603	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	RIVAS, SARAH		
CITY-ST-ZIP	5002 NORTH HOWARD AVENUE TAMPA, FL 33603	CITY-ST-ZIP	
DOCUMENT #	NAME	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:  **7-6-04** **813-817-8267**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CHECK HERE