

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000000329**

1. Entity Name  
**N&C EULIANO, LTD.**



Principal Place of Business  
**4976 COURTLAND LOOP**  
**WINTER SPRINGS, FL 32708**

Mailing Address  
**4976 COURTLAND LOOP**  
**WINTER SPRINGS, FL 32708**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

**59-3627693**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EULIANO, NEIL R**  
**4976 COURTLAND LOOP**  
**WINTER SPRINGS, FL 32708**

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

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

DATE

9. Capital Contributions as Shown on record. **\$1,170,000.00**

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 #  
NAME **NEIL R. EULIANO FAMILY TRUST**  
STREET ADDRESS **4976 COURTLAND LOOP**  
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME **EULIANO, CAROLYN**  
STREET ADDRESS **4976 COURTLAND LOOP**  
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

STREET ADDRESS  
CITY-ST-ZIP

**U00000345735**  
**04/30/05-80048-008 526.25**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**NEIL EULIANO** 4/21/05 407-681-9205

Date

Daytime Phone #

STAPLE CHECK HERE