

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000628					
1. Entity Name ZARELLA FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 45 COLLURA LANE CLIFTON, NJ 07012			Mailing Address 45 COLLURA LANE CLIFTON, NJ 07012		
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)
4. FEI Number 65-0997722				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRADLEY, TODD L ESQ. 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES, FL 34108			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$5,000,000.00		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.	
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 #	P00000022563		STREET ADDRESS		
NAME	ZARELLA EQUITIES, INC.		CITY- ST- ZIP		
STREET ADDRESS	400 WYNDEMERE WAY, APT. 101D				
CITY- ST- ZIP	NAPLES, FL 34105				
DOCUMENT #			STREET ADDRESS	U00000158831	
NAME			CITY- ST- ZIP	07/29/04-80010-001 535.00	
STREET ADDRESS					
CITY- ST- ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
STREET ADDRESS					
CITY- ST- ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
STREET ADDRESS					
CITY- ST- ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
STREET ADDRESS					
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>Michael P. Zarella</u>			Date: <u>7/23/04</u> Daytime Phone #: <u>973-779-5596</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE