

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000651</b>					
<b>1. Entity Name</b> JOSEPH PANIELLO NO. PERLE, LTD.					
<b>Principal Place of Business</b> C/O PAUL J. FERLITA, C.P.A. 2014-A EAST SEVENTH AVE. TAMPA, FL 33605			<b>Mailing Address</b> C/O PAUL J. FERLITA, C.P.A. 2014-A EAST SEVENTH AVE. TAMPA, FL 33605		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3639363	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PANIELLO, JOSEPH M C/O PAUL J. FERLITA, C.P.A. 2014-A EAST SEVENTH AVE. TAMPA, FL 33605			Name Street Address (P.O. Box Number is Not Acceptable) City		
<b>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.</b>			FL Zip Code		
<b>SIGNATURE</b> _____ <small>Signature typed or printed name of registered agent and title if applicable.</small> <span style="float: right;">DATE</span>					
<b>9. Capital Contributions as Shown on record.</b> \$4,000,000.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b> \$2,000,000.00			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	PANIELLO, JOSEPH M 2014-A EAST SEVENTH AVENUE TAMPA, FL 33605		STREET ADDRESS CITY ST ZIP	U000000097125 03/26/04-80027-002 526.25	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	HICKS, PERLE P 1610 CULBEATH ISLES DRIVE TAMPA, FL 33605		STREET ADDRESS CITY ST ZIP		
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<b>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</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE

3/11/04