


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

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A00000000651	
<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
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03242005 Chg-LP CR2E003 (10/03)

<b>4. FEI Number</b> 59-3639363	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  PANIELLO, JOSEPH M C/O PAUL J. FERLITA, C.P.A. 2014-A EAST SEVENTH AVE. TAMPA, FL 33605	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<b>DATE</b> _____
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<b>9. Capital Contributions</b> as Shown on record. \$4,000,000.00	<b>10. Amount of Capital Contributions</b> in FLORIDA to date. \$2,000,000.00
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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	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>
	PANIELLO, JOSEPH M		
<b>STREET ADDRESS</b>	2014-A EAST SEVENTH AVENUE		
<b>CITY- ST- ZIP</b>	TAMPA, FL 33605		
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>
	HICKS, PERLE P		
<b>STREET ADDRESS</b>	1610 CULBEATH ISLES DRIVE		
<b>CITY- ST- ZIP</b>	TAMPA, FL 33605		
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>
<b>STREET ADDRESS</b>			
<b>CITY- ST- ZIP</b>			
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>
<b>STREET ADDRESS</b>			
<b>CITY- ST- ZIP</b>			
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>
<b>STREET ADDRESS</b>			
<b>CITY- ST- ZIP</b>			

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04/09/05-800019-024 526.25

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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)(f), 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>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	4/1/05 Date Daytime Phone #
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