

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000000651**

1. Entity Name

JOSEPH PANIELLO NO. PERLE, LTD.



Principal Place of Business

C/O PAUL J. FERLITA, C.P.A.  
2014-A EAST SEVENTH AVE.  
TAMPA, FL 33605

Mailing Address

C/O PAUL J. FERLITA, C.P.A.  
2014-A EAST SEVENTH AVE.  
TAMPA, FL 33605

**DO NOT WRITE IN THIS SPACE**



03042006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

59-3639363

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PANIELLO, JOSEPH M  
C/O PAUL J. FERLITA, C.P.A.  
2014-A EAST SEVENTH AVE.  
TAMPA, FL 33605

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

PANIELLO, JOSEPH M  
2014-A EAST SEVENTH AVENUE  
TAMPA, FL 33605

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

HICKS, PERLE P  
1610 CULBEATH ISLES DRIVE  
TAMPA, FL 33605

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

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NAME

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CITY - ST - ZIP

U00000511420^M  
04/29/06-80046-023 500.00^M

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

4/12/06

STAPLE CHECK HERE