## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

STAPLE CHECK HERE

SIGNATURE: \_

## FILED Mar 21, 2007 08:00 A Secretary of State

DOCUMENT # A0000000651  1. Entity Name JOSEPH PANIELLO NO. PERLE, LTD.					Secretary of St			
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				<b></b>	<b>A</b> KAL PINT HERBI BI 1881	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	. Mailing Address					
Suite, Apt #. etc.		Suite, Apt. #, etc.		01232007 Ch	g-LP	CR2E00	3 (12/06)	
City & State		City & State			4. FEI Number 59-3639363			Applied For Not Applicable
Zip	Country	Zıp	Country		5. Certificate of Statu	us Desired		8.75 Additional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
PANIELLO, JOSEPH M				16				
C/O PAUL 2014-A EA	. J. FERLITA, C.P.A. AST SEVENTH AVE.		Street Addres		P O. Box Number is No	t Acceptable)		
TAMPA, F	L 33605		City		FL Zip Code			
8. The above	e named entity submits this statement f	or the purpose of changing its	s registered offic	e or register	ed agent, or both, in the	State of Flor		niliar with, and accept
SIGNATURE								
	Signature, typed or printed name of registered agen	t and little if applicable			·		DATE	
	FILE NO After May 1,	W!!! FEE IS \$500.00 2007, Fee will be \$90	0.00					
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS EI AY NOT be changed on t	NTITY MUST E	BE REGIST mendmen	ERED AND ACTIVE	WITH THIS	S OFFICE.	er.
12.	GENERAL PARTNER INFORMATION		13.	ADDRESS CHANGES ONLY				
DOCUMENT # NAME STREET ADDRESS	PANIELLO, JOSEPH M 2014-A EAST SEVENTH AVENI	IF	STREET ADDRE	ss				
CITY-ST-ZIP	TAMPA. FL 33605	JL	CITY - ST - ZIP					
DOCUMENT #  NAME  STREET ADDRESS	HICKS, PERLE P 1610 CULBEATH ISLES DRIVE	STREET ADDRE	ss	U00000676863 03/30/07-80071-018 500.00				
CITY-SI-ZIP	TAMPA, FL 33605		CITY-S1-ZIP					
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DOCUMENT # NAME			STREET ADDRE	SS				11M.g.L
STREET ADDRESS CITY-ST-ZIP			CITY - ST - ZIP					
indicated	certify that the information supplied wi on this report is true and accurate and eiver or trustee empowered to execute	i that my signature shall have	the same legal a	iffect as if m	d in Chapter 119, Florid ade under oath, that I a	la Statutes. I t am a General	further certify Partner of th	that the information the hmited partnership

E OF SIGNING GENERAL PARTNER