

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

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

**DOCUMENT # A00000000708**

1. Entity Name  
**JOSEPH PANIELLO NO. ANNE, LTD.**



Principal Place of Business  
**C/O PAUL J. FERLITA, C.P.A.**  
**2014-A EAST SEVENTH AVENUE**  
**TAMPA, FL 33605**

Mailing Address  
**C/O PAUL J. FERLITA, C.P.A.**  
**2014-A EAST SEVENTH AVENUE**  
**TAMPA, FL 33605**



01222007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3641782</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**PANIELLO, JOSEPH M**  
**C/O PAUL J. FERLITA, C.P.A.**  
**2014-A EAST SEVENTH AVENUE**  
**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, 2007, 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	<b>PANIELLO, JOSEPH M</b>
STREET ADDRESS	<b>2014-A EAST SEVENTH AVENUE</b>
CITY - ST - ZIP	<b>TAMPA, FL 33605</b>

DOCUMENT #	
NAME	<b>DYKEMAN, ANNE P</b>
STREET ADDRESS	<b>52 HUNTLEIGH WOODS</b>
CITY - ST - ZIP	<b>ST. LOUIS, MO 63131</b>

DOCUMENT #	
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STREET ADDRESS	
CITY - ST - ZIP	

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03/30/07-80071-012 500.00

**DO NOT WRITE  
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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

STAPLE CHECK HERE