

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

0013204  
AT

DOCUMENT # **A00000000708**

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



03 MAR 28 AM 11: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3641782**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PANIAGO, JOSEPH M  
C/O PAUL J. FERLITA, C.P.A.  
2014-A EAST SEVENTH AVENUE  
TAMPA FL 33605**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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

9. Capital Contributions      10. Amount of Capital Contributions  
as Shown on record. **\$4,000,000.00** in FLORIDA to date.      11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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**

DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	<b>2000014914792</b> 03/28/03--01062--009 *4526.25
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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)(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

SIGNATURE:

*Signature of General Partner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/24/03

Date

Daytime Phone #

CR2E003 (10/02)