

# 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

7. Name and Address of New Registered Agent

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

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 as Shown on record. \$4,000,000.00

10. Amount of Capital Contributions 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 PANIELLO, JOSEPH M  
STREET ADDRESS 2014-A EAST SEVENTH AVENUE  
CITY-ST-ZIP TAMPA FL 33605

STREET ADDRESS

CITY-ST-ZIP

200014914792  
03/28/03--01062--009 \*\*526.25

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/24/03  
Date

Daytime Phone #

CR2E003 (10/02)