

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000571 1. Entity Name JOSEPH PANIELLO NO. RAFAEL SOLER DIAZ, 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 AVE. TAMPA, FL 33605				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title, if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,000,000.00			
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	PANIELLO, JOSEPH M		CITY - ST - ZIP		
STREET ADDRESS	2014-A EAST SEVENTH AVE.				
CITY - ST - ZIP	TAMPA, FL 33605				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	FERLITA, PAUL J		CITY - ST - ZIP		
STREET ADDRESS	2014-A EAST SEVENTH AVE.				
CITY - ST - ZIP	TAMPA, FL 33605				
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NAME			CITY - ST - ZIP		
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: _____			3/11/04 <small>Date</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



02092004 Chg-LP CR2E003 (10/03)

4. FCI Number **59-3720889** Applied For ☐ Not Applicable

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

FL Zip Code

000000095700
 03/24/04-80045-006 526.25

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