



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 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 Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
					
			03242005 Chg-LP CR2E003 (10/03)		
			4. FEI Number 59-3720889		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PANIELLO, JOSEPH M C/O PAUL J. FERLITA, C.P.A. 2014-A EAST SEVENTH AVE. 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and file 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		
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
	PANIELLO, JOSEPH M	2014-A EAST SEVENTH AVE.	TAMPA, FL 33605		04/09/05-80009-025 526.25
	FERLITA, PAUL J	2014-A EAST SEVENTH AVE.	TAMPA, FL 33605		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: 4/1/05 Daytime Phone # _____		

STAPLE CHECK HERE