

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 14, 2006 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**



03042006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3720889

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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, 2006, 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
STREET ADDRESS
CITY - ST - ZIP
**PANIELLO, JOSEPH M
2014-A EAST SEVENTH AVE.
TAMPA, FL 33605**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**FERLITA, PAUL J
2014-A EAST SEVENTH AVE.
TAMPA, FL 33605**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

000000508839
04/28/06-80022-008 500.00

**DO NOT WRITE
IN THIS SPACE**

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

4/07/06

813/902-9884

STAPLE CHECK HERE