

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04202004 Chg-LP CR2E003 (10/03)

<b>DOCUMENT # A01000000911</b>	
1. Entity Name <b>JANICE POLLIO FAMILY PARTNERSHIP, LTD.</b>	

Principal Place of Business <b>242 NEWPORT DRIVE  NAPLES, FL 34114</b>	Mailing Address <b>C/O LINDA L SNELLING, ESQ.  301 YAMATO ROAD, SUITE 4150  BOCA RATON, FL 33431</b>
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2. Principal Place of Business <b>817 Grenada Lane</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Little Torch Key, FL</b>	City & State
Zip <b>33042</b>	Country

6. Name and Address of Current Registered Agent <b>SNELLING, LINDA L ESQ.  THE LAW OFFICE OF LINDA L. SNELLING, P.A.  301 YAMATO ROAD, SUITE 4150  BOCA RATON, FL 33431</b>	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____

9. Capital Contributions as Shown on record. <b>\$1,980,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	POLLIO, JANICE TRUSTEE	STREET ADDRESS	817 Grenada Lane
NAME	242 NEWPORT DRIVE	CITY-ST-ZIP	Little Torch Key, FL 33042
STREET ADDRESS	NAPLES, FL 33114		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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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: <i>Janice Pollio Huesey</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date <i>4/26/04</i> Daytime Phone # <i>802 483 6573</i>

*Janice Pollio Huesey*