

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


**FILED**

04 APR 30 PM 12: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04202004 Chg-LP CR2E003 (10/03)

|   |                        |  |                                      |
|---|------------------------|--|--------------------------------------|
| <b>DOCUMENT # A0100000911</b>   |                        |                     |                                      |
| 1. Entity Name<br><b>JANICE POLLIO FAMILY PARTNERSHIP, LTD.</b>   |                        |  |                                      |
| Principal Place of Business<br>242 NEWPORT DRIVE<br>NAPLES, FL 34114  |                        | Mailing Address<br>C/O LINDA L SNELLING, ESQ.<br>301 YAMATO ROAD, SUITE 4150<br>BOCA RATON, FL 33431 |                                      |
| 2. Principal Place of Business<br><b>817 Grenada Lane</b>   |                        | 3. Mailing Address   |                                      |
| Suite, Apt. #, etc.   |                        | Suite, Apt. #, etc.  |                                      |
| City & State<br><b>Little Torch Key, FL</b>   |                        | City & State   |                                      |
| Zip<br><b>33042</b>   | Country                | Zip  | Country                              |
| 4. FEI Number<br><b>65-1126879</b>  |                        | Applied For<br><input type="checkbox"/> Not Applicable   |                                      |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                        | <b>\$8.75 Additional Fee Required</b>  |                                      |
| <b>6. Name and Address of Current Registered Agent</b>  |                        | <b>7. Name and Address of New Registered Agent</b>   |                                      |
| SNELLING, LINDA L ESQ.<br>THE LAW OFFICE OF LINDA L. SNELLING, P.A.<br>301 YAMATO ROAD, SUITE 4150<br>BOCA RATON, FL 33431  |                        | Name   |                                      |
|   |                        | Street Address (P.O. Box Number is Not Acceptable)   |                                      |
|   |                        | City   |                                      |
|   |                        | <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                        |  |                                      |
| 9. Capital Contributions as Shown on record. <b>\$1,980,000.00</b>  |                        | 10. Amount of Capital Contributions in FLORIDA to date.  |                                      |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.<br/>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                        |  |                                      |
| <b>12. GENERAL PARTNER INFORMATION</b>  |                        | <b>13. ADDRESS CHANGES ONLY</b>  |                                      |
| 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  |                        |  |                                      |
| CITY-ST-ZIP   |                        |  |                                      |
| DOCUMENT #  |                        | STREET ADDRESS   |                                      |
| NAME  |                        | CITY-ST-ZIP  |                                      |
| STREET ADDRESS  |                        |  |                                      |
| CITY-ST-ZIP   |                        |  |                                      |
| DOCUMENT #  |                        | STREET ADDRESS   |                                      |
| NAME  |                        | CITY-ST-ZIP  |                                      |
| STREET ADDRESS  |                        |  |                                      |
| CITY-ST-ZIP   |                        |  |                                      |
| DOCUMENT #  |                        | STREET ADDRESS   |                                      |
| 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: <i>Janice Pollio Huesey</i>  |                        | Date: <i>4/26/04</i>   | Daytime Phone #: <i>802 483 6573</i> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>   |                        |  |                                      |
| <i>Janice Pollio Huesey</i>   |                        |  |                                      |

STAPLE CHECK HERE

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