



**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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<b>DOCUMENT # A01000000911</b> 1. Entity Name <b>JANICE POLLIO FAMILY PARTNERSHIP, LTD.</b>					
Principal Place of Business <b>817 GRENADA LANE                  LITTLE TORCH KEY, FL 33042</b>			Mailing Address <b>C/O LINDA L. SNELLING, ESQ.                  301 YAMATO ROAD, SUITE 4150                  BOCA RATON, FL 33431</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	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>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>POLLIO, JANICE TRUSTEE                  817 GRENADA LANE                  LITTLE TORCH KEY, FL 33042</b>		STREET ADDRESS CITY-ST-ZIP	<b>P.O. Box 420931                  Little Torch Key, FL 33042</b>	
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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					
<b>SIGNATURE:</b> <i>Janice Pollio Trustee</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<b>3-16-6</b> <b>802-236-2263</b> <small>Date Daytime Phone #</small>		

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