


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAR 17 AM 10:21

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                     |                                                                                                                                                                                                                               |                                                                                                 |                 |    |          |
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| <b>DOCUMENT # A0100000911</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                     |                                                                                                                                                                                                                               |                |                 |    |          |
| 1. Entity Name<br>JANICE POLLIO FAMILY PARTNERSHIP, LTD.                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                     |                                                                                                                                                                                                                               |                                                                                                 |                 |    |          |
| Principal Place of Business<br>817 GRENADA LANE<br>LITTLE TORCH KEY, FL 33042                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                     | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            | 3. Mailing Address  |                                                                                                                                                                                                                               |                                                                                                 |                 |    |          |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | Suite, Apt. #, etc. |                                                                                                                                                                                                                               |                                                                                                 |                 |    |          |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            | City & State        |                                                                                                                                                                                                                               | 4. FEI Number<br>65-1126879                                                                     |                 |    |          |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | Country             |                                                                                                                                                                                                                               | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                 |    |          |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                     | 7. Name and Address of New Registered Agent                                                                                                                                                                                   |                                                                                                 |                 |    |          |
| 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                                                                                                                                                                                                                          |                                                                                                 |                 | 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 _____                                                                                                                                                                                                                    |                                                                                                 |                 |    |          |
| FILE NOW!!! FEE IS \$500.00<br>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.<br>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                                                                                                                                                                                                                | P.O. Box 420931                                                                                 |                 |    |          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | POLLIO, JANICE TRUSTEE     |                     | CITY-ST-ZIP                                                                                                                                                                                                                   | Little Torch Key, FL 33042                                                                      |                 |    |          |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 817 GRENADA LANE           |                     |                                                                                                                                                                                                                               |                                                                                                 |                 |    |          |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LITTLE TORCH KEY, FL 33042 |                     |                                                                                                                                                                                                                               |                                                                                                 |                 |    |          |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME                       |                     | STREET ADDRESS                                                                                                                                                                                                                |                                                                                                 |                 |    |          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                     | CITY-ST-ZIP                                                                                                                                                                                                                   |                                                                                                 |                 |    |          |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                     |                                                                                                                                                                                                                               |                                                                                                 |                 |    |          |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                     |                                                                                                                                                                                                                               |                                                                                                 |                 |    |          |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME                       |                     | STREET ADDRESS                                                                                                                                                                                                                |                                                                                                 |                 |    |          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                     | CITY-ST-ZIP                                                                                                                                                                                                                   |                                                                                                 |                 |    |          |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                     |                                                                                                                                                                                                                               |                                                                                                 |                 |    |          |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                     |                                                                                                                                                                                                                               |                                                                                                 |                 |    |          |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME                       |                     | STREET ADDRESS                                                                                                                                                                                                                |                                                                                                 |                 |    |          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                     | CITY-ST-ZIP                                                                                                                                                                                                                   |                                                                                                 |                 |    |          |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                     |                                                                                                                                                                                                                               |                                                                                                 |                 |    |          |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                     |                                                                                                                                                                                                                               |                                                                                                 |                 |    |          |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME                       |                     | STREET ADDRESS                                                                                                                                                                                                                |                                                                                                 |                 |    |          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                     | CITY-ST-ZIP                                                                                                                                                                                                                   |                                                                                                 |                 |    |          |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                     |                                                                                                                                                                                                                               |                                                                                                 |                 |    |          |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                     |                                                                                                                                                                                                                               |                                                                                                 |                 |    |          |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME                       |                     | 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 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: <i>Janice Pollio Trustee</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                     | 3-16-06                                                                                                                                                                                                                       |                                                                                                 | 802-236-2263    |    |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                     | Date                                                                                                                                                                                                                          |                                                                                                 | Daytime Phone # |    |          |

STAPLE CHECK HERE