

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**


**FILED**

2007 MAR -1 AM 10:19

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01092007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A0100000911</b>			
1. Entity Name JANICE POLLIO FAMILY PARTNERSHIP, LTD.			
Principal Place of Business 817 GRENADA LANE LITTLE TORCH KEY, FL 33042		Mailing Address C/O LINDA L SNELLING, ESQ. 301 YAMATO ROAD, SUITE 4150 BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SNELLING, LINDA L ESQ. <del>THE LAW OFFICE OF LINDA L SNELLING, P.A. Delete</del> 301 YAMATO ROAD, SUITE 4150 BOCA RATON, FL 33431		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

4. FEI Number 65-1126879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	POLLIO, JANICE TRUSTEE	STREET ADDRESS	
NAME	PO BOX 420931	CITY-ST-ZIP	
STREET ADDRESS	LITTLE TORCH KEY, FL 33042		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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 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: Janice Hussey Janice Hussey - Pollio 1/31/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #