

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 PM 1:58

DOCUMENT # A0100000911

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 #
 Suite, Apt. #, etc.

3. Mailing Address
 C/O Linda L. Snelling
 Hinshaw & Culbertson LLP
 Suite, Apt. #, etc.
 Suite 1010

City & State
 Ft. Lauderdale, FL

Zip
 Country
 33301 USA



03142008 Chg-LP CR2E003 (12/06)

4. FEI Number
 65-1126879

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 SNELLING, LINDA L ESQ.
 301 YAMATO ROAD, SUITE 4150
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent:
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Hinshaw & Culbertson LLP
 I E. Broward Blvd., Ste. 1010
 City Ft. Lauderdale FL Zip Code 33301

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 *Linda L Snelling* DATE 4/2/2008

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	000122557660
STREET ADDRESS	LITTLE TORCH KEY, FL 33042		04/08/08--01023--008 **500.00
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: *Matthew D. Duxey* DATE 3/26/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #