

FILED

2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

2005 MAY -6 PM 12: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # A02000000782
1. Entity Name
PODREILLY LIMITED PARTNERSHIP



Principal Place of Business
130 SOLANO PRADO
CORAL GABLES, FL 33156
Mailing Address
130 SOLANO PRADO
CORAL GABLES, FL 33156

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

Zip
Country
Zip
Country

04182005 Chg-LP CR2E003 (10/03)

4. FEI Number
03-0513647
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REILLY, KEITH P
130 SOLANO PRADO
CORAL GABLES, FL 33156

7. Name and Address of New Registered Agent
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
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$1,500,000.00
10. Amount of Capital Contributions in FLORIDA to date.

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.

Table with 2 columns: DOCUMENT #, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: P02000059939, JANNKS CORPORATION, 130 SOLANO PRADO, CORAL GABLES, FL 33156.

Table with 2 columns: STREET ADDRESS, CITY-ST-ZIP. Row 1: 800055833588, 06/07/05--01004--001 \*\*\$26.50.

STAPLE CHECK HERE

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: [Signature] 4-20-05 305-815-7860
/SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #