


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000945</b> 1. Entity Name <b>ROMANO INVESTMENT MANAGEMENT LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>744 NE 12TH TERRACE          #5          BOYNTON BEACH, FL 33435</b>			Mailing Address <b>744 NE 12TH TERRACE          #5          BOYNTON BEACH, FL 33435</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. # etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03162005    Chg-LP    CR2E003 (10/03)	
4. FEI Number <b>01-0737972</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <b>CHRYSTAL, NEIL R          DUNWOODY WHITE &amp; LONDON, P.A.          550 BILTMORE WAY SUITE 810          CORAL GABLES, FL 33134</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record.    \$6,000,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<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 #	P02000075922		STREET ADDRESS		
NAME	ROMANO INVESTMENT MANAGEMENT, INC.		CITY - ST - ZIP		
STREET ADDRESS	744 NE 12TH TERRACE		CITY - ST - ZIP		
CITY - ST - ZIP	BOYNTON BEACH, FL 33435		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
Date _____				Daytime Phone # _____	



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