

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A02000001043</b>					
<b>1. Entity Name</b> MARK AND TIM PALETTI LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> 430 NE 1ST AVE., SUITE D HIGH SPRINGS, FL 32643			<b>Mailing Address</b> 430 NE 1ST AVE., SUITE D HIGH SPRINGS, FL 32643		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> APPLIED FOR	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PALETTI, TIMOTHY M 430 NE 1ST AVE., SUITE D HIGH SPRINGS, FL 32643			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>9. Capital Contributions as Shown on record.</b> \$5,000.00					
<b>10. Amount of Capital Contributions in FLORIDA to date.</b>					
<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 # NAME STREET ADDRESS CITY-ST-ZIP	PALETTI, TIMOTHY M 430 NE 1ST AVE., SUITE D HIGH SPRINGS, FL 32643		STREET ADDRESS CITY-ST-ZIP	100035801301 05/10/04--01039--001 **141.25	
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<b>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</b>					
<b>SIGNATURE:</b> <u>Timothy M Paletti, gen part. Timothy M. Paletti</u> <u>4-2004</u> <u>386454-3573</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

FILED  
 2004 APR 22 PM 3: 51  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



04212004 Chg-LP CR2E003 (10/03)

**4. FEI Number**  
 APPLIED FOR

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

PALETTI, TIMOTHY M  
 430 NE 1ST AVE., SUITE D  
 HIGH SPRINGS, FL 32643

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City

FL Zip Code

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

**9. Capital Contributions as Shown on record.** \$5,000.00

**10. Amount of Capital Contributions in FLORIDA to date.**

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**13. ADDRESS CHANGES ONLY**

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**SIGNATURE:** Timothy M Paletti, gen part. Timothy M. Paletti 4-2004 386454-3573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE