

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

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000001062</b> 1. Entity Name <b>LINNA-VUORI I LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>5624 MONTANA AVENUE          NEW PORT RICHEY, FL 34652</b>			Mailing Address <b>5624 MONTANA AVENUE          NEW PORT RICHEY, FL 34652</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>02-0636035</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PARRILLO, LOUIS I          5624 MONTANA AVENUE          NEW PORT RICHEY, FL 34652</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
9. Capital Contributions as Shown on record. <b>\$0.00</b>			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 #	NAME		STREET ADDRESS		
NAME	PARRILLO, LOUIS I		CITY-ST-ZIP		
STREET ADDRESS	5624 MONTANA AVENUE				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	PERTTILA, KRISTINA TUIJ A		CITY-ST-ZIP		
STREET ADDRESS	5624 MONTANA AVENUE				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652				
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STREET ADDRESS					
CITY-ST-ZIP					
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>SIGNATURE:</b> <i>Louis Parrillo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4/25/05 727-457-2600 <small>Date Daytime Phone #</small>		

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