

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

FILED

04 MAY -3 PM 6:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03022004 Chg-LP CR2E003 (10/03)

4. FEI Number **20-0000968** Applied For  
**APPLIED FOR** Not Applicable

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

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

CASTELLANO, SAM  
6202 36TH AVENUE SOUTH  
TAMPA, FL 33619

**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. **\$10,001,960.00**

10. Amount of Capital Contributions in FLORIDA to date. **450,000**

**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**

DOCUMENT #  
NAME CASTELLANO, MARY C  
STREET ADDRESS 401 N. 22ND STREET  
CITY-ST-ZIP TAMPA, FL 33605

DOCUMENT #  
NAME CASTELLANO, SAM  
STREET ADDRESS 6202 36TH AVENUE SOUTH  
CITY-ST-ZIP TAMPA, FL 33619

DOCUMENT #  
NAME CASTELLANO, JOHN B  
STREET ADDRESS 102 RONELE DRIVE  
CITY-ST-ZIP BRANDON, FL 33511

DOCUMENT #  
NAME COVINE, ROSALIND C  
STREET ADDRESS 8912 RIVERVIEW BLVD.  
CITY-ST-ZIP RIVERVIEW, FL 33569

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP  
**100036545961**  
**05/18/04-01034-008 \*\*526.25**

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE: Mary Castellano  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-29-04** **813-247-5451**  
Date Daytime Phone #

MARY CASTELLANO

STAPLE CHECK HERE