


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A03000000872 1. Entity Name: MOLISANA PARTNERS LIMITED PARTNERSHIP	
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Principal Place of Business 7117 PELICAN BAY BLVD., UNIT 1705 NAPLES, FL 34108	Mailing Address 7117 PELICAN BAY BLVD., UNIT 1705 NAPLES, FL 34108
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
04 JUL 19 PM 1:37
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA
MJH



07132004	Chg-LP	CR2E003 (10/03)	7/19
4. FEI Number 20-0127283			Applied For Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DELUCA, ALFONSO 7117 PELICAN BAY BLVD., UNIT 1705 NAPLES, FL 34108	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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 *Alfonso Deluca* DATE _____

Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record: \$1,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	DELUCA, ALFONSO	CITY-ST-ZIP	
STREET ADDRESS	7117 PELICAN BAY BLVD., UNIT 1705		
CITY-ST-ZIP	NAPLES, FL 34108		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

100039563451
08/04/04-01015-014 **335.00

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: <u><i>Alfonso Deluca</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	7/13/04 <small>Date</small>	267.756-1503 <small>Daytime Phone #</small>
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