


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

\$526.25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -1 AM 9:27

<b>DOCUMENT # A0300001040</b>			
1. Entity Name <b>FONTICIELLA LLLP</b>			
Principal Place of Business <b>11400 WEST FLAGLER ST, STE 201 MIAMI FL 33174</b>		Mailing Address <b>11400 WEST FLAGLER ST, STE 201 MIAMI FL 33174</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BOHATCH, JOHN S 2600 DOUGLAS RD, PENTHOUSE 8 CORAL GABLES FL 33134</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 _____	
9. Capital Contributions as Shown on record. <b>\$1,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>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.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	FONTICIELLA, ARMANDO J	STREET ADDRESS	
NAME	11400 WEST FLAGLER ST, STE 201	CITY-ST-ZIP	
STREET ADDRESS	MIAMI FL 33174		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	600030238136
NAME		CITY-ST-ZIP	03/10/04--01054--006 **526.25
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CITY-ST-ZIP			



MOORE CR2E003 (11/03)

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:**

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*[Handwritten Date]*  
Date

Daytime Phone #