

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 14 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001435		
1. Entity Name CONSOLI-METRO LIMITED PARTNERSHIP		

Principal Place of Business 7980 SUMMERLIN LAKES DRIVE, SUITE 200 FORT MYERS, FL 33907	Mailing Address 7980 SUMMERLIN LAKES DRIVE, SUITE 200 FORT MYERS, FL 33907
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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

4. FEI Number 20-0276657		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	
PALUMBO, MARY V 7980 SUMMERLIN LAKES DRIVE, SUITE 200 FORT MYERS, FL 33907	

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

9. Capital Contributions as Shown on record. \$9,900.00	10. Amount of Capital Contributions in FLORIDA to date. \$9,900
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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 #	L03000036824	STREET ADDRESS	
NAME	CONSOLI MANAGEMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	7980 SUMMERLIN LAKES DRIVE, SUITE 200		
CITY-ST-ZIP	FORT MYERS, FL 33907		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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

SIGNATURE: 	Date: 4/28/04	Daytime Phone #: 239-437-1197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE