


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A15902 1. Entity Name MASCALI & SONS, LTD.			
Principal Place of Business 2130 W. BRANDON BLVD STE. 202 BRANDON FL 33511		Mailing Address 2130 W. BRANDON BLVD STE. 202 BRANDON FL 33511	
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 59-2409081		Applied For <input 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 MASCALI, EDITH M 7974 SAILBOAT KEY BLVD., #804 SO. PASADENA FL 33707		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
9. Capital Contributions as Shown on record. \$722,425.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	NAME	STREET ADDRESS	
NAME	MASCALI, FRANK C	CITY- ST- ZIP	
STREET ADDRESS	314 CAMBRIDGE PLACE		
CITY- ST- ZIP	BRANDON FL 33511		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MASCALI, EDITH	CITY- ST- ZIP	
STREET ADDRESS	7974 SAILBOAT KEY BLVD.		
CITY- ST- ZIP	SOUTH PASADENA FL 33707		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MAURIELLO, MARIE H	CITY- ST- ZIP	
STREET ADDRESS	16 WINDSOR ROAD		
CITY- ST- ZIP	SCARSDALE NY 10583		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MASCALI, CHARLES R	CITY- ST- ZIP	
STREET ADDRESS	497 LOST DISTRICT DRIVE		
CITY- ST- ZIP	NEW CANAAN CT 06840		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	FAIRFIELD, DOLORES J	CITY- ST- ZIP	
STREET ADDRESS	7974 SAILBOAT KEY BLVD.		
CITY- ST- ZIP	SOUTH PASADENA FL 33707		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MASCALI, RICHARD	CITY- ST- ZIP	
STREET ADDRESS	97 STONEWALL CIRCLE		
CITY- ST- ZIP	WEST HARRISON NY 10604		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Walton J. Fairfield* **4/14/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE