


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A27825

1. Entity Name
THE JAY M. MAGGIORE FAMILY LIMITED PARTNERSHIP "B"



Principal Place of Business Mailing Address

5619 GULF DRIVE **5619 GULF DRIVE**
PANAMA CITY BEACH, FL 32408 **PANAMA CITY BEACH, FL 32408**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01092004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent

MAGGIORE, JAY M.
5619 GULF DRIVE
PANAMA CITY BEACH, FL 32408

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. **\$66,835.00**

10. Amount of Capital Contributions in FLORIDA to date **\$ 66,835.00**

* **526.25**

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 #	MAGGIORE, JAY M.	STREET ADDRESS	
NAME	5619 GULF DRIVE	CITY-ST-ZIP	
STREET ADDRESS	PANAMA CITY BCH, FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000000139918
NAME		CITY-ST-ZIP	04.29/04-80142-003 526.25
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CITY-ST-ZIP			

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. *Certified mail # 7002 3150 0600 2515 8511*

SIGNATURE: *Jay M. Maggiore* **Jay M. Maggiore** **7/12/04** **850 2348492**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #