


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A27825	
1. Entity Name THE JAY M. MAGGIORE FAMILY LIMITED PARTNERSHIP "B"	

Principal Place of Business 5619 GULF DRIVE PANAMA CITY BEACH, FL 32408	Mailing Address 5619 GULF DRIVE PANAMA CITY BEACH, FL 32408
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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



04172005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0083346	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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
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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 _____ 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. \$166,835.00	\$1526.25
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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 #	MAGGIORE, JAY M.	STREET ADDRESS	
NAME	5619 GULF DRIVE	CITY-ST-ZIP	
STREET ADDRESS	PANAMA CITY BCH, FL		
CITY-ST-ZIP			
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CITY-ST-ZIP			

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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 # 7003 100 0003 4709 6872*

SIGNATURE:  Jay M. Maggiore 04/18/05 850 234 8492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #