2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

Due by may 1, 2005					,	E	LED	
DOCUMENT # A27828 1. Entity Name THE JAY M. MAGGIORE FAMILY LIMITED PARTNERSHI "E"						2005 APR 2	21 PM 2: 13 RY OF STATE SEE, FLORIDA	
Principal Place of Business Mailing Address				•	1 7	TALLAHAS	SEE, FLORIDA	
5619 GULF I		5619 GULF DRIVE						
PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, I			FL 324	08				
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2 Princinal P	face of Business	3. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04172005	Cha LD	CR2E003 (10/03)	
					04172003	Chg-LP	Ch2E003 (10/03)	
City & Stat	e	City & State			4. FEI Number	250	Applied F	
Zip Country		Zip Count			65-0083352 Not Ap			
Σιþ	Country	219	Codi	wy	5. Certificate of	Status Desired	S8.75 Additional Fee Required	
	6. Name and Address of Cur	Tent Registered Agent		T	7. Name and A	ddress of New R		
				Name				
MAGGIOR				Street Address I	(P.Q. Box Number	is Not Accentable	a)	
5619 GUL PANAMA			Olicel Address	(LOX NUMBER	13 HUL AUUGHIADIE	•1		
17404001	DITT DEADTH, 1 E 32400							
				City	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Zip Code	
							<u> </u>	
	named entity submits this statem ions of registered agent.	ent for the purpose of changing it	s register	ed office or register	red agent, or both,	in the State of Flo	orida. I am familiar with, and ac	
	-							
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.			•		DATE	
9. Capital Co	ntributions 004 540 70	10. Amount of Cap	ital Contri	butions		41		
	on record. \$21,549.73	in FLORIDA to		121,549.	7 ₹	30	239,60	
	A GENERAL PARTN	ER THAT IS A BUSINESS E	NTITY N	IUST BE REGIS	TERED AND AC	TIVE WITH TH	IS OFFICE.	
		MAY NOT be changed on			nt must be filed			
12.	GENERAL PAR	TNER INFORMATION	13.			ADDRESS CHA	ANGES ONLY	
DOCUMENT #	MAGGIORE, JAY M.		STR	EET ADORESS				
STREET ADDRESS	5619 GULF DRIVE			<u> </u>				
CATY-ST-ZIP	PANAMA CITY BCH, FL		cm	r-ST-ZIP				
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STREET ADDRESS			ст	r-ST-ZIP				
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CITY-ST-ZIP	L							
14. I hereby of indicated the received	certify that the information supplied on this report is true and accurate wer or trustee empowered to exect	d with this filing does not qualify for e and that my signature shall haw to this report as required by Cha	or the exe the sam pter 620,	emption stated in Se le legal effect as if r Florida Statutes	ection 119.07(3)(i), nade under oath; t echinied r	Florida Statutes. hat I am a Genera \a. \# \7003	I further certify that the informati al Partner of the limited partners いんののの3 べつかんやめつ	
SIGNAT	- M	Jaxmu					850 234846 Deycrine Phone #	
SIGITAL	SIGNATURE AND LY	PED OR PRINTED NAME OF SIGNING GENE	RAL PARTIN	ER	<u>V</u>	Date	Daytime Phone #	