
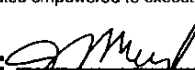


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR 21 PM 2: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A27828						FILED 2005 APR 21 PM 2:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name THE JAY M. MAGGIORE FAMILY LIMITED PARTNERSHIP "E"							
Principal Place of Business 5619 GULF DRIVE PANAMA CITY BEACH, FL 32408				Mailing Address 5619 GULF DRIVE 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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$21,549.73				10. Amount of Capital Contributions in FLORIDA to date. \$121,549.73			
11. Additional Fee Required \$8.75							
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			
STREET ADDRESS	MAGGIORE, JAY M.						
CITY-ST-ZIP	5619 GULF DRIVE PANAMA CITY BCH, FL			CITY-ST-ZIP			
DOCUMENT #	NAME			STREET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP			
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STREET ADDRESS							
CITY-ST-ZIP				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:  Jay M. Maggiore				Date: 04/18/05 Daytime Phone #: 850 234 8492			