


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB -7 AM 9:49

DOCUMENT # A28909 1. Entity Name RICHARD J. PERROTTA FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 207 KING ST NEW BERN NC 28560	Mailing Address 207 KING ST NEW BERN NC 28560
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

[Handwritten initials]



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent PERROTTA, RICHARD J 8004 PLANTATION LAKES DR. PT. ST. LUCIE FL 34986-3013	7. Name and Address of New Registered Agent Name: DAVID NOVAK Street Address (P.O. Box Number is Not Acceptable): 849 20th Street VERO BEACH, City: VERO State: FL Zip Code: 33460
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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 *David Novak* DATE 1/20/05

Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info

9. Capital Contributions as Shown on record. \$434,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	NAME	STREET ADDRESS	
	PERROTTA, RICHARD J		
STREET ADDRESS	207 KING ST	CITY-ST-ZIP	
CITY-ST-ZIP	NEW BERN NC 28560		
DOCUMENT #	NAME	STREET ADDRESS	
	PERROTTA, MARY LYNN T		
STREET ADDRESS	207 KING ST	CITY-ST-ZIP	
CITY-ST-ZIP	NEW BERN NC 28560		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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

SIGNATURE *Richard J. Perrotta* DATE 2/2/05 DAYTIME PHONE # 252-638-6056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE