2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A31674

1. Entity Name

JOHN-MARY ENTERPRISES, LTD.

Principal Place of Business	Mailing Address
14524 N. ROME AVE. TAMPA FL 33612	P.O. BOX 17072 TAMPA FL 33682

MOORE CR2E003 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3071948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRECO, JOHN
14524 NORTH ROME AVENUE
TAMPA FL 33612

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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$10,908,928.80		

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 #		STREET ADDRESS	
NAME	GRECO, JOHN	CITY-ST-ZIP	
STREET ADDRESS	14524 NORTH ROME AVENUE		
CITY-ST-ZIP	TAMPA FL 33612		
DOCUMENT #		STREET ADDRESS	
NAME	GRECO, MARY	CITY-ST-ZIP	100000002857 03/10/04-80015-001 526.25
STREET ADDRESS	14524 NORTH ROME AVENUE		
CITY-ST-ZIP	TAMPA FL 33612		
DOCUMENT #		STREET ADDRESS	
NAME	CASTRO, MARY JOSEPHINE	CITY-ST-ZIP	
STREET ADDRESS	14704 LAKE MAGDALENE CIRCLE		
CITY-ST-ZIP	TAMPA FL 33613		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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.

SIGNATURE: Mary Jo Castro 2-23-04 813-264-2262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #