2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 20, 2005 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

01042005 Chg-LP CR2E003 (10/03)

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	7. Name and Address of New Registered Agent
GRECO, JOHN 14524 NORTH ROME AVENUE TAMPA, FL 33612	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.	$10,908,928.80	10. Amount of Capital Contributions in FLORIDA to date.	

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		U00000185286
CITY-ST-ZIP	TAMPA, FL 33612	STREET ADDRESS	01/21/05-80008-024 526.25
DOCUMENT #		CITY-ST-ZIP	
NAME	GRECO, MARY		
STREET ADDRESS	14524 NORTH ROME AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP	
DOCUMENT #			
NAME	CASTRO, MARY JOSEPHINE	STREET ADDRESS	
STREET ADDRESS	14704 LAKE MAGDALENE CIRCLE	CITY-ST-ZIP	
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

813-264-2262

SIGNATURE: Mary Jo Castro MARY JO CASTRO 1-12-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #