2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 03, 2006 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

01182006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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 Mary Jo Castro 2-2-06
Signature, typed or printed name of registered agent and title if applicable — DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

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

DOCUMENT #	
NAME	GRECO, JOHN
STREET ADDRESS	14524 NORTH ROME AVENUE
CITY-ST-ZIP	TAMPA, FL 33612
DOCUMENT #	
NAME	GRECO, MARY
STREET ADDRESS	14524 NORTH ROME AVENUE
CITY-ST-ZIP	TAMPA, FL 33612
DOCUMENT #	
NAME	CASTRO, MARY JOSEPHINE
STREET ADDRESS	14704 LAKE MAGDALENE CIRCLE
CITY-ST-ZIP	TAMPA, FL 33613
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/06-80026-005 500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2-2-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #