

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Apr 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # A9300000251
1. Entity Name
THE JIMMY APRILE FAMILY LIMITED PARTNERSHIP



Principal Place of Business: 15636 MORNING DRIVE, LUTZ, FL 33549
Mailing Address: 15636 MORNING DRIVE, LUTZ, FL 33549

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

04102005 Chg-LP CR2E003 (10/03)
4. FEI Number: 59-3173508 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**APRILE, JIMMY V
15636 MORNING DRIVE
LUTZ, FL 33559**

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: **\$5,000.00**
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

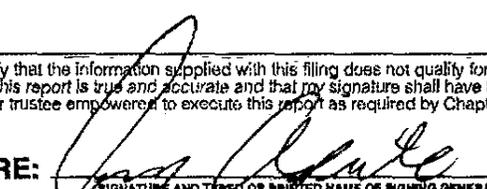
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	APRILE, JIMMY V	15636 MORNING DRIVE	LUTZ, FL 33549
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
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CITY-ST-ZIP	

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04/18/05-80137-011 141.25

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:  **APRILE, JIMMY V**
Date: **4/11/05**
Daytime Phone #: _____

STAPLE CHECK HERE