


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A93000001409</b>	
1. Entity Name THE VITIELLO FAMILY PARTNERSHIP, LTD.	

Principal Place of Business % ERIO VITIELLO 800 LUGO AVE. CORAL GABLES, FL 33156	Mailing Address 5825 SW 131 TERRACE MIAMI, FL 33156
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. # etc.	Suite, Apt. # etc.
City & State	City & State
Zip	Country



01062004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0485156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  VITIELLO, MARCO 5825 SW 131 TERRACE CORAL GABLES, FL 33156	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$66,858.00	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 #	VITIELLO, ERIO P	STREET ADDRESS	
NAME	800 LUGO	CITY, ST, ZIP	
STREET ADDRESS	CORAL GABLES, FL 33156		
CITY, ST, ZIP			
DOCUMENT #		STREET ADDRESS	U000000159964
NAME		CITY, ST, ZIP	05/13/04-80002-019 528.25
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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)(c) 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/12/04 788-7313