2005 LIMITED PARTNERSHIP ANNUAL REPORT (AH) DUE BY MAY 1, 2005

SIGNATURE

FILED Mar 01, 2005 08:00 AM Secretary of State DOCUMENT # A9400000245 1. Entity Name MAIORIELLOS LTD. Principal Place of Business Mailing Address 68 ANCHOR LANE SANTA ROSA BEACH FL 32459 68 ANCHOR LANE SANTA ROSA BEACH FL 32459 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E003 (10/04) City & State City & State 4. FE! Number Applied For 59-3213060 Not Applical.! Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAIORIELLO, JOSEPH J III Street Address (P.O. Box Number is Not Acceptable) 68 ANCHOR LANE SANTA ROSA BEACH FL 32459 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 jamiliar with the obligations of registered agent. 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. 9. Capital Contributions 10. Amount of Capital Contributions in FLORIDA to date. as Shown on record. 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS MAIORIELLO, JOSEPH J III NAME STREET ADDRESS 68 ANCHOR LANE CITY+ST-ZIP SANTA ROSA BEACH FL 32459 CHY-SI-ZIP DOCUMENT # SURFEL ADDRESS NAME MAIORIELLO, LORRAINE T STREET ADDRESS 68 ANCHOR LANE CITY-ST-ZIP CITY-ST-ZIP SANTA ROSA BEACH FL 32459 DOCUMENT A STREET ADDRESS NAME MAIORIELLO, JOSEPH J IV STREET ADDRESS 14 MINE ROAD DITY-ST-7IP CHTY-ST-7IP **OLEY PA 19547** DOCUMENT # STREET ADDRESS MAIORIELLO, CAROLE L U00000247633 614 SPRUCE HILL ROAD STREET ADDRESS CriY-ST-ZIP 03/01/05-80032-001 141.25 CITY ST-ZIP OTTSVILLE PA 18942 DOCUMENT # STREET ADDRESS NAME 3 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-Si-7IP CITY-ST-ZIP 14. Thereby 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SCAT J. HAIDELEUG AT 2/19/05