2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # **A94000000245**

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

1st MOORE CR2E003 (10/06)

2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3213060 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAIORIELLO, JOSEPH J III
68 ANCHOR LANE
SANTA ROSA BEACH FL 32459

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 _____ 1/23/07
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! Fee is $500. * After May 1, 2007, fee will be $900. *** Make check payable to Florida Department of State.**

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	MAIORIELLO, JOSEPH J III	CITY-ST-ZIP	U00000611854 02/02/07-80083-001 500.00
STREET ADDRESS	68 ANCHOR LANE		
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		
DOCUMENT #		STREET ADDRESS	
NAME	MAIORIELLO, LORRAINE T	CITY-ST-ZIP	
STREET ADDRESS	68 ANCHOR LANE		
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		
DOCUMENT #		STREET ADDRESS	
NAME	MAIORIELLO, JOSEPH J IV	CITY-ST-ZIP	
STREET ADDRESS	14 MINE ROAD		
CITY-ST-ZIP	OLEY PA 19547		
DOCUMENT #		STREET ADDRESS	
NAME	MAIORIELLO, CAROLE L	CITY-ST-ZIP	
STREET ADDRESS	614 SPRUCE HILL ROAD		
CITY-ST-ZIP	OTTSVILLE PA 18942		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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 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: _____ 1/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #