

**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.	
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Principal Place of Business 68 ANCHOR LANE SANTA ROSA BEACH FL 32459	Mailing Address 68 ANCHOR LANE SANTA ROSA BEACH FL 32459
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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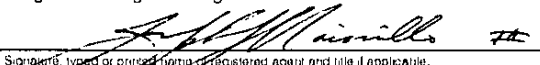
1st MOORE CR2E003 (10/06)

City & State	City & State	4. FEI Number 59-3213060	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAIORIELLO, JOSEPH J III 68 ANCHOR LANE SANTA ROSA BEACH FL 32459
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7. Name and Address of New Registered Agent	
Name	Applied For
Street Address (P.O. Box Number is Not Acceptable)	Not Applicable
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 1/23/07

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	
DOCUMENT #	NAME
NAME	MAIORIELLO, JOSEPH J III
STREET ADDRESS	68 ANCHOR LANE
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459
DOCUMENT #	NAME
NAME	MAIORIELLO, LORRAINE T
STREET ADDRESS	68 ANCHOR LANE
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459
DOCUMENT #	NAME
NAME	MAIORIELLO, JOSEPH J IV
STREET ADDRESS	14 MINE ROAD
CITY-ST-ZIP	OLEY PA 19547
DOCUMENT #	NAME
NAME	MAIORIELLO, CAROLE L
STREET ADDRESS	614 SPRUCE HILL ROAD
CITY-ST-ZIP	OTTSVILLE PA 18942
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	U000000611854
CITY-ST-ZIP	02/02/07-80083-001 500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	DATE 1/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date

STAPLE CHECK HERE