


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

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

|  |                                |     |  |   |  |
|--|--------------------------------|-----|--|---|--|
| <b>DOCUMENT # A94000000574</b>   |                                |     |  |                |  |
| 1. Entity Name<br><b>ZANIOL BROTHERS LIMITED PARTNERSHIP</b>   |                                |     |  |   |  |
| Principal Place of Business<br><b>7301 6TH AVENUE NORTH<br/>ST. PETERSBURG, FL 33710</b>   |                                |     | Mailing Address<br><b>7301 6TH AVENUE NORTH<br/>ST. PETERSBURG, FL 33710</b> |   |  |
| 2. Principal Place of Business   |                                |     | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.  |                                |     | Suite, Apt. #, etc.  |   |  |
| City & State   |                                |     | City & State   |   |  |
| Zip  | Country                        | Zip | Country  | 4. FEI Number<br><b>59-3240335</b>  |  |
|  |                                |     |  | Applied For<br>Not Applicable   |  |
|  |                                |     |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>ZANIOL, DAVID<br/>7301 6TH AVENUE N.<br/>ST PETERSBURG, FL 33710</b>   |                                |     |  | 7. Name and Address of New Registered Agent   |  |
|  |                                |     |  | Name  |  |
|  |                                |     |  | Street Address (P.O. Box Number is Not Acceptable)  |  |
|  |                                |     |  | City  |  |
|  |                                |     |  | <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and date if applicable</small>   |                                |     |  |   |  |
| 9. Capital Contributions as Shown on record. <b>\$7,000.00</b>   |                                |     | 10. Amount of Capital Contributions in FLORIDA to date.                      |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |                                |     |  |   |  |
| 12. GENERAL PARTNER INFORMATION  |                                |     | 13. ADDRESS CHANGES ONLY   |   |  |
| DOCUMENT #   | NAME                           |     | STREET ADDRESS   |   |  |
| NAME   | <b>ZANIOL, EDWARD P</b>        |     | CITY-ST-ZIP  |   |  |
| STREET ADDRESS   | <b>4173 SW 51ST ST</b>         |     |  |   |  |
| CITY-ST-ZIP  | <b>FT LAUDERDALE, FL 33314</b> |     |  |   |  |
| DOCUMENT #   | NAME                           |     | STREET ADDRESS   |   |  |
| NAME   | <b>ZANIOL, DAVID B</b>         |     | CITY-ST-ZIP  |   |  |
| STREET ADDRESS   | <b>7301 6TH AVENUE N</b>       |     |  |   |  |
| CITY-ST-ZIP  | <b>ST PETERSBURG, FL 33710</b> |     |  |   |  |
| DOCUMENT #   | NAME                           |     | STREET ADDRESS   |   |  |
| NAME   |                                |     | CITY-ST-ZIP  |   |  |
| STREET ADDRESS   |                                |     |  |   |  |
| CITY-ST-ZIP  |                                |     |  |   |  |
| DOCUMENT #   | NAME                           |     | STREET ADDRESS   |   |  |
| NAME   |                                |     | CITY-ST-ZIP  |   |  |
| STREET ADDRESS   |                                |     |  |   |  |
| CITY-ST-ZIP  |                                |     |  |   |  |
| DOCUMENT #   | NAME                           |     | STREET ADDRESS   |   |  |
| NAME   |                                |     | CITY-ST-ZIP  |   |  |
| STREET ADDRESS   |                                |     |  |   |  |
| CITY-ST-ZIP  |                                |     |  |   |  |
| 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: <i>David B Zaniol</i>   |                                |     | 4/21/05  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   |                                |     |  |   |  |