


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 JAN 29 PM 4:17

DOCUMENT # A94000001754		
1. Entity Name THE NELLE M. RINALDI ENTERPRISE, LTD.		

Principal Place of Business 4514 EAST ADAMO DRIVE TAMPA, FL 33605	Mailing Address 4514 EAST ADAMO DRIVE TAMPA, FL 33605
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01192004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3285624	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		7. Name and Address of New Registered Agent	
RINALDI, W. STEVE 4514 EAST ADAMO DRIVE TAMPA, FL 33605		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: \$2,000,000.00	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 #	RINALDI, NELLE M	STREET ADDRESS	
NAME	4514 EAST ADAMO DRIVE	CITY-ST-ZIP	
STREET ADDRESS	TAMPA, FL 33605		
CITY-ST-ZIP			
DOCUMENT #	RINALDI, W. STEVE	STREET ADDRESS	800027902048
NAME	4514 EAST ADAMO DRIVE	CITY-ST-ZIP	01/29/04--01074--021 **526 25
STREET ADDRESS	TAMPA, FL 33605		
CITY-ST-ZIP			
DOCUMENT #	RINALDI, GAIL R	STREET ADDRESS	
NAME	4514 EAST ADAMO DRIVE	CITY-ST-ZIP	
STREET ADDRESS	TAMPA, FL 33605		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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: *W. Steve Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

1/20/04 813/247-3921

STAPLE CHECK HERE