


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

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000001754</b> 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		
2. Principal Place of Business Suite, Apt. #, etc			3. Mailing Address Suite, Apt. #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03112005    Chg-LP    CR2E003 (10/03)	
4. FEI Number 59-3285624				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  RINALDI, W. STEVE 4514 EAST ADAMO DRIVE TAMPA, FL 33605				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL    Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$2,000,000.00</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> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	RINALDI, NELLE M		CITY-ST-ZIP		
STREET ADDRESS	4514 EAST ADAMO DRIVE		CITY-ST-ZIP		
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	RINALDI, W. STEVE		CITY-ST-ZIP		
STREET ADDRESS	4514 EAST ADAMO DRIVE		CITY-ST-ZIP		
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	RINALDI, GAIL R		CITY-ST-ZIP		
STREET ADDRESS	4514 EAST ADAMO DRIVE		CITY-ST-ZIP		
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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)(l), 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.					
<b>SIGNATURE:</b> <i>W. Steve Rinaldi</i>			3/11/05    813/247-3521		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date    Daytime Phone #</small>		

STAPLE CHECK HERE

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