


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A95000001935 1. Entity Name DIFABRIZIO FAMILY ENTERPRISES, LTD.	
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 4921 RIVER SHORE DRIVE TAMPA, FL 33603	Mailing Address 4921 RIVER SHORE DRIVE TAMPA, FL 33603
--------------------------------------------------------------------------	--------------------------------------------------------------

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03122004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3350136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIFABRIZIO, ERNEST 4921 RIVER SHORE DRIVE TAMPA, FL 33603	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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record, \$10,000,000.00
 10. Amount of Capital Contributions in FLORIDA to date, 4,207,787

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	DIFABRIZIO, ERNEST	CITY-ST-ZIP	
STREET ADDRESS	4921 RIVER SHORE DRIVE		
CITY-ST-ZIP	TAMPA, FL 33603		
DOCUMENT #		STREET ADDRESS	
NAME	DIFABRIZIO, LOLA M	CITY-ST-ZIP	
STREET ADDRESS	4921 RIVER SHORE DRIVE		
CITY-ST-ZIP	TAMPA, FL 33603		
DOCUMENT #		STREET ADDRESS	
NAME	DIFABRIZIO, GERALD E	CITY-ST-ZIP	
STREET ADDRESS	4921 RIVER SHORE DR.		
CITY-ST-ZIP	TAMPA, FL 33603		
DOCUMENT #		STREET ADDRESS	
NAME	DIFABRIZIO, CAROLYN ANN	CITY-ST-ZIP	
STREET ADDRESS	4921 RIVER SHORE DR.		
CITY-ST-ZIP	TAMPA, FL 33603		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		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)(3), 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: Ernest D. Fabrizio 4-12-04 238-7394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE