

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000002034 1. Entity Name RISOLA FAMILY LIMITED PARTNERSHIP II					
Principal Place of Business 57 CENTRAL COURT TARPON SPRINGS, FL 34689			Mailing Address 57 CENTRAL COURT TARPON SPRINGS, FL 34689		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01052005 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 59-3416409	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Name and Address of Current Registered Agent RISOLA, SAMUEL 57 CENTRAL COURT TARPON SPRINGS, FL 34689				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$900.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	P96000086638		STREET ADDRESS	1100000235023	
NAME	RISOLA FAMILY CORPORATION		CITY-ST-ZIP	04/09/05-80011-010 141.25	
STREET ADDRESS	57 CENTRAL COURT		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
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14. I 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 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 partner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: <i>Samuel Risola</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> SAMUEL RISOLA, JR			Date 3-10-05 Daytime Phone # 727-937-8924		

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