



**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000002222			
1. Entity Name THE PANZARELLA FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 3145 WILLOW LANE WESTON FL 33331		Mailing Address 3145 WILLOW LANE WESTON FL 33331	
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 65-0715051		Applied For <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent MORRALL, MATTHEW E PA 2455 E. SUNRISE BLVD., STE. PH-W FT. LAUDERDALE FL 33304	
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. \$10,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 #	P93000077805	STREET ADDRESS	
NAME	PANZARELLA FAMILY INVESTMENTS, INC.	CITY - ST - ZIP	
STREET ADDRESS	3145 WILLOW LANE	STREET ADDRESS	
CITY - ST - ZIP	WESTON FL 33331	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	UNION 103860
NAME		CITY - ST - ZIP	04/05/04 80078-020 526.25
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
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)(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: 		3/22/04 954-349-2078	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE