

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004**

FILED

04 SEP 10 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000002860					
1. Entity Name THE CIVITELLA FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 4557 COLLEEN STREET PORT CHARLOTTE, FL 39952		Mailing Address 4557 COLLEEN STREET PORT CHARLOTTE, FL 39952			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0919600	
Zip		Country		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		
CIVITELLA, THOMAS R 4557 COLLEEN STREET PORT CHARLOTTE, FL 33952			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. \$333,756.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	CIVITELLA, THOMAS R		STREET ADDRESS		
NAME	4557 COLLEEN STREET		CITY-ST-ZIP		
STREET ADDRESS	PORT CHARLOTTE, FL 33952				
CITY-ST-ZIP					
DOCUMENT #	CIVITELLA, CAROL J		STREET ADDRESS	000041454050	
NAME	4557 COLLEEN STREET		CITY-ST-ZIP	03/29/04--01067--002 **526.25	
STREET ADDRESS	PORT CHARLOTTE, FL 33952				
CITY-ST-ZIP					
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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: <i>Thomas Civitella</i>			18 Aug 04		941-629-7287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE

