

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

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

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

9. Capital Contributions as Shown on record.	\$333,756.00	10. Amount of Capital Contributions in FLORIDA to date
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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 #	NAME CIVITELLA, THOMAS R STREET ADDRESS 4557 COLLEEN STREET CITY-ST-ZIP PORT CHARLOTTE, FL 33952	STREET ADDRESS	
DOCUMENT #	NAME CIVITELLA, CAROL J STREET ADDRESS 4557 COLLEEN STREET CITY-ST-ZIP PORT CHARLOTTE, FL 33952	STREET ADDRESS	
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DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	
DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	

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 stated 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 a trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *Thomas R. Civitella* Thomas R. CIVITELLA 28 April 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 05/16/05 Daytime Phone # 941-6293

STAPLE CHECK HERE