


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**


FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 APR -2 AM 9:48

<b>DOCUMENT # A99000000005</b> 1. Entity Name GIANOLIO, LTD.	
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Principal Place of Business 5699 FROST LANE DELRAY BEACH, FL 33484	Mailing Address P.O. BOX 2062 DELRAY BEACH, FL 33447
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01152004	Chg-LP	CR2E003 (10/03)
4. FEI Number 65-0887229		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GIANOLIO, MARY ALICE 5699 FROST LANE DELRAY BEACH, FL 33484	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____
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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. \$26,460.00 # 143,460.00	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 #	P98000077332	STREET ADDRESS	400031758394
NAME	M, R & J PROPERTIES MANAGEMENT, INC.	CITY-ST-ZIP	04/02/04--01079--013 **526.25
STREET ADDRESS	5699 FROST LANE		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Mary Alice Gianolio President 5d-706-1016  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #