## 2<u>004 L</u>IMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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STAPLE CHECK HERE

SIGNATURE:



2004 APR 23 PM 3: 56

DOCUMENT # A9900000462  1. Entity Name VITO'S G. PI. LIMITED PARTNERSHIP						SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6212 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33076			Mailing Address 6212 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33076			E 1801911 5070 (0110 10111 00111 00111 00111 00111 00111 00111 00111 00111 00111	
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03302004 Chg-LP CR2E003 (10/03)	
City & State			City & State			4. FEI Number Applied For 65-0897421 Not Applicate	ole
Zip Country			Zip	Country .		5. Certificate of Status Desired See Required Fee Required	
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent	_
SHANE, JOE 6417. N.W. 99TH AVENUE					Street Address	(P.O. Box Number is Not Acceptable)	
PARKLANI	D, FL 330	)76 					
					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. \$15,000.00 In FLORIDA to date					butions		
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 # SHANE, JOE				STA	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	l .	/. 99TH AVENUE ND, FL 33076		CIT	Y-ST-ZIP		
DOCUMENT # NAME	•				EET ADDRESS	700035826847 05/10/0401094019 **193.75	
STREET ADDRESS CITY-ST-ZIP					Y-ST-ZIP		
DOCUMENT # NAME				STF	REET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CIT	Y-ST-ZIP		
DOCUMENT # NAME				STF	REET ADDRESS		,
STREET ADDRESS CITY-ST-ZIP				СІТ	Y-ST-ZIP		
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STREET ADDRESS CITY+ST-ZIP				СІТ	Y-ST-ZIP		
DOCUMENT #				STF	REET ADDRESS		
STREET ADDRESS CITY-ST-ZIP					Y-ST-ZIP		_
14. % hereby of indicated	certify that th on this repo	ne information supplied wit ort is true and accurate an	h this filing does not qual d that my signature shall l	ify for the exi	emption stated in S ne legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that the information I made under oath; that I am a General Partner of the limited partnership	or