


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000000545**

1. Entity Name  
**GIANCO HOLDINGS, LTD.**



Principal Place of Business  
**UNIT NO. 4, COSTA CORPORATE CENTRE**  
**3325 N.W. 97TH AVENUE**  
**MIAMI, FL 33178**

Mailing Address  
**DJ GIANCOLA EXPORTS, INC.**  
**4317 E. GENESEE ST.**  
**SYRACUSE, NY 13214**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01042005 Chg-LP CR2E003 (10/03)

City & State  
 City & State

Zip Country Zip Country

4. FEI Number  
**65-0907316**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**D.J. GIANCOLA EXPORTS, INC.**  
**3325 NW 97TH AVENUE**  
**MIAMI, FL 33178**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$980.00**

10. Amount of Capital Contributions in FLORIDA to date.


**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 STREET ADDRESS CITY-ST-ZIP	<b>P99000029740</b> <b>GIANCO HOLDINGS, INC.</b> <b>3325 N.W. 97TH AVE, UNIT 4</b> <b>MIAMI, FL 33178</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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 04/09/05-80003-002 150.00

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)(f), 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:  **3/31/05** **315-446-1062**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #