

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # B00000000146

1. Entity Name

THE STRIANESE FAMILY LIMITED PARTNERSHIP



Principal Place of Business

10 SEAVIEW BLVD.
PORT WASHINGTON NY 11050

Mailing Address

10 SEAVIEW BLVD.
PORT WASHINGTON NY 11050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E003 (11/03)

4. FEI Number

11-3437499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, JOHN II
1645 PALM BEACH LAKES BLVD
SUITE 1200
WEST PALM BEACH FL 33401

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.

\$1,600,000.00

10. Amount of Capital Contributions
in FLORIDA to date

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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
	STRIANESE, BERNARD V	260 ELDERFIELDS ROAD	MANHASSET NY 11030
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	STRIANESE, CARMELLA	260 ELDERFIELDS ROAD	MANHASSET NY 11030
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
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STREET ADDRESS	
CITY - ST - ZIP	U000000160187 05/13/04-80011-004 526.25
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

5/3/04 516-484-7220

STAPLE CHECK HERE