


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
May 05, 2005 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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 11-3437499	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITE, JOHN II 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH FL 33401
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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 _____
<small>Signature, typed or printed name of registered agent and title, if applicable</small>	

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$1,600,000.00	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	STREET ADDRESS	CITY- ST- ZIP
	STRIANESE, BERNARD V		
STREET ADDRESS	260 ELDERFIELDS ROAD		
CITY- ST- ZIP	MANHASSET NY 11030		
DOCUMENT #	NAME	STREET ADDRESS	CITY- ST- ZIP
	STRIANESE, CARMELLA		
STREET ADDRESS	260 ELDERFIELDS ROAD		
CITY- ST- ZIP	MANHASSET NY 11030		
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STREET ADDRESS			
CITY- ST- ZIP			

100000361450
05/05/05-80075-003 526.25

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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 	BERNARD V. STRIANESE	(516) 484-7220
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date 4/19/05 Daytime Phone #</small>