
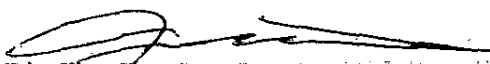


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # B02000000025					
1. Entity Name EULIANO LIMITED PARTNERSHIP					
Principal Place of Business 711 SOUTH CARSON STREET, SUITE 4 CARSON CITY NV 89701			Mailing Address 4976 COURTLAND LOOP WINTER SPRINGS FL 32708		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-2525214 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E003 (11/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RYAN, MICHAEL A 215 NORTH EOLA DRIVE ORLANDO FL 32801			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>					
9. Capital Contributions as Shown on record. \$2,791,513.00		10. Amount of Capital Contributions in FLORIDA to date. 526.25		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 #	P01000114416		STREET ADDRESS		
NAME	SOUTHERN TECHNICAL COLLEGE, INC.		CITY-ST-ZIP		
STREET ADDRESS	4976 COURTLAND LOOP		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS	000000069416	
NAME			CITY-ST-ZIP	02/20/04-80007-023-526.25	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 # _____					

STAPLE CHECK HERE