


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

|  |  |                           |   |   |  |
|--|--|---------------------------|---|---|--|
| <b>DOCUMENT # B98000000554</b>   |  |                           |   |  |  |
| <b>1. Entity Name</b><br>THE JAMES C. GALLO AND MELINDA B. GALLO FAMILY LIMITED PARTNERSHIP  |  |                           |   |   |  |
| <b>Principal Place of Business</b><br>7430 WATER FALL TRAIL<br>CHAGRIN FALLS, OH 44022   |  |                           | <b>Mailing Address</b><br>7430 WATER FALL TRAIL<br>CHAGRIN FALLS, OH 44022        |   |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b> |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.       |   |   |  |
| City & State   |  | City & State              |   |   |  |
| Zip  | Country  | Zip                       | Country   | <b>4. FEI Number</b><br>31-1572097  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  |                           |   | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |  |                           | <b>7. Name and Address of New Registered Agent</b>                                |   |  |
| ROSSIN, DON<br>2640 GOLDEN GATE PKWY., #206<br>NAPLES, FL 34105-3203   |  |                           | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| <b>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.</b>   |  |                           |   |   |  |
| <b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>   |  |                           |   |   |  |
| <b>9. Capital Contributions as Shown on record.</b> \$247,500.00   |  |                           | <b>10. Amount of Capital Contributions in FLORIDA to date.</b>                    |   |  |
|  |  |                           | <i>April 10, 2004</i>   |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |  |                           |   |   |  |
| <b>12. GENERAL PARTNER INFORMATION</b>   |  |                           | <b>13. ADDRESS CHANGES ONLY</b>   |   |  |
| <b>DOCUMENT #</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | GALLO, JAMES C<br>7430 WATER FALL TRAIL<br>CHAGRIN FALLS, OH 44022   |                           | <b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                   | 000000120800<br>04/20/04-80024-011 526.25   |  |
| <b>DOCUMENT #</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | GALLO, MELINDA B<br>7430 WATER FALL TRAIL<br>CHAGRIN FALLS, OH 44022 |                           | <b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                   |   |  |
| <b>DOCUMENT #</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  |                           | <b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                   |   |  |
| <b>DOCUMENT #</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  |                           | <b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                   |   |  |
| <b>DOCUMENT #</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  |                           | <b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                   |   |  |
| <b>DOCUMENT #</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  |                           | <b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                   |   |  |
| <b>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</b> |  |                           |   |   |  |
| <b>SIGNATURE</b> _____   |  |                           | James C Gallo   |   |  |
| <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</b>  |  |                           | <i>April 10, 2004</i>   |   |  |

STAPLE CHECK HERE