


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A01000000040

1. Entity Name
CHIAPPETTA INVESTMENTS, LTD.



Principal Place of Business Mailing Address

6 TAHOE LANE **6 TAHOE LANE**
SEA RACH LAKES, FL 33308 **SEA RACH LAKES, FL 33308**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

33 Cayuga Rd **33 Cayuga Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

Sea Ranch Lakes, FL **Sea Ranch Lakes, FL**

Zip Country Zip Country

33308 **33308** **33308** **33308**

FILED
08 FEB 19 PM 1:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01172008 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For

65-1072998 Not Applicable

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

6. Name and Address of Current Registered Agent

M&W AGENTS, INC.
2101 CORPORATE BLVD.
SUITE 107
BOCA RATON, FL 33431

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 state if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 #	P01000002851	STREET ADDRESS	33 Cayuga Rd
NAME	CHIAPPETTA HOLDINGS, INC.	CITY-ST-ZIP	Sea Ranch Lakes, FL 33308
STREET ADDRESS	6 TAHOE LANE		
CITY-ST-ZIP	SEA RACH LAKES, FL 33308		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	800118554448
STREET ADDRESS			02/21/08--01037--009 **\$500.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Charlene Turner - Charlene Turner Date: 1-21-08 Daytime Phone #: 954 941-1230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #