


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 12, 2008**

**FILED  
Jul 28, 2008 08:00 AM  
Secretary of State**


DOCUMENT # A05000001916  
1. Entity Name  
AGLIANO FAMILY LIMITED PARTNERSHIP, LLP



Principal Place of Business  
4922 ST. CROIX DRIVE  
TAMPA, FL 33629

Mailing Address  
P.O. BOX 18621  
TAMPA, FL 33679-8621

**DO NOT WRITE IN THIS SPACE**



07092008 No Chg-LP CR2E003 (12/06)

4. FEI Number 16-1736589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

AGLIANO, DENNIS S  
4922 ST. CROIX DRIVE  
TAMPA, FL 33629

**DO NOT WRITE IN THIS SPACE**

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 title if applicable.

**FILE NOW!!! FEE IS \$500.00  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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

DOCUMENT #	AGLIANO, DENNIS S TRUSTEE
NAME	P.O. BOX 18621
STREET ADDRESS	TAMPA, FL 336793621
CITY-ST-ZIP	
DOCUMENT #	AGLIANO, JUDITH P TRUSTEE
NAME	4922 ST. CROIX DRIVE
STREET ADDRESS	TAMPA, FL 33629
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000956452  
07/28/08-80004-010 500.00

**DO NOT WRITE IN THIS SPACE**

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: Dennis S. Agliano Dennis S. Agliano 7/24/08 813 8332075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE