


**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"/>	\$8.75 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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	AGLIANO, DENNIS S TRUSTEE	P.O. BOX 18621	TAMPA, FL 336793621
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	AGLIANO, JUDITH P TRUSTEE	4922 ST. CROIX DRIVE	TAMPA, FL 33629
DOCUMENT #	NAME	STREET ADDRESS	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

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