


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**


**FILED
Feb 21, 2008 08:00 AM
Secretary of State**

DOCUMENT # A95000001153
1. Entity Name
BISANZ FAMILY LIMITED PARTNERSHIP



Principal Place of Business 100 GLENVIEW PLACE, #308C NAPLES, FL 34108	Mailing Address 100 GLENVIEW PLACE, #308C NAPLES, FL 34108
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DO NOT WRITE IN THIS SPACE



02052008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0600056	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

**KELLY, CHARLES M JR.
2390 TAMiami TRAIL NORTH, SUITE 204
NAPLES, FL 34103**

**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
After May 1, 2008, Fee will be \$900.00**

U00000834690
02/29/08-80002-021 500.00

**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

DOCUMENT #	
NAME	BISANZ, HELEN C
STREET ADDRESS	100 GLENVIEW PLACE, UNIT 308-C
CITY-ST-ZIP	NAPLES, FL 341083128
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: X Helen C. Bisanz Feb. 16, 2008 239-431-5939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #