

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A01000000040 1. Entity Name CHIAPPETTA INVESTMENTS, LTD.					
Principal Place of Business 6 TAHOE LANE SEA RACH LAKES, FL 33308			Mailing Address 6 TAHOE LANE SEA RACH LAKES, FL 33308		
2. Principal Place of Business - No P.O. Box # 33 Cayuga Rd Suite, Apt. #, etc.		3. Mailing Address 33 Cayuga Rd Suite, Apt. #, etc.			
City & State Sea Ranch Lakes, FL Zip 33308 Country		City & State Sea Ranch Lakes, FL Zip 33308 Country		4. FEI Number 65-1072998	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and date applicable</small>					
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		
STREET ADDRESS			800118554448 02/21/08--01037--009 **SOL. ID		
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					
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: <u>Charlene Turner</u> - <u>Charlene Turner</u> Date <u>1-21-08</u> Daytime Phone # <u>954 941-1230</u>					

FILED

08 FEB 19 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01172008 Chg-LP CR2E003 (12/06)

STAPLE CHECK HERE