

**2013 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000000786

**Entity Name:** SAM & JOSEPHINE, LTD.**Current Principal Place of Business:**5002 NORTH HOWARD AVENUE  
TAMPA, FL 33603**Current Mailing Address:**5002 NORTH HOWARD AVENUE  
TAMPA, FL 33603**FEI Number:** 58-2670920**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AGLIANO, FRANK  
5002 NORTH HOWARD AVENUE  
TAMPA, FL 33603 US*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.***SIGNATURE:**

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Electronic Signature of Registered Agent

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Date**General Partner Detail :**

## Document #

Name AGLIANO, SAM  
Address 5002 NORTH HOWARD AVENUE  
City-State-Zip: TAMPA FL 33603

## Document #

Name AGLIANO, JOSEPHINE  
Address 5002 NORTH HOWARD AVENUE  
City-State-Zip: TAMPA FL 33603

## Document #

Name AGLIANO, FRANK  
Address 5002 NORTH HOWARD AVENUE  
City-State-Zip: TAMPA FL 33603

## Document #

Name AGLIANO, DAVID  
Address 5002 NORTH HOWARD AVENUE  
City-State-Zip: TAMPA FL 33603

## Document #

Name RIVAS, SARAH  
Address 5002 NORTH HOWARD AVENUE  
City-State-Zip: TAMPA FL 33603

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANK AGLIANO**DR****03/28/2013**

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Electronic Signature of Signing General Partner Detail

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Date