

2016 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:**_____
Electronic Signature of Registered Agent_____
Date**General Partner Detail :****Document #****Name** SAM AGLIANO AS TRUSTEE OF SAM
AGLIANO REVOCABLE TRUST U A D
FEBRUARY 9, 1973**Address** 5002 NORTH HOWARD AVENUE**City-State-Zip:** TAMPA FL 33603**Document #****Name** FRANK T. AGLIANO AS TRUSTEE OF
FRANK T. AGLIANO REVOCABLE
TRUST U A D FEBRUARY 6, 1987**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**Document #****Name** AGLIANO, JOSEPHINE**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

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**TRUSTEE****03/24/2016**_____
Electronic Signature of Signing General Partner Detail_____
Date