

2013 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000001916

Entity Name: AGLIANO FAMILY LIMITED PARTNERSHIP, LLP

Current Principal Place of Business:

4922 ST. CROIX DRIVE
TAMPA, FL 33629

Current Mailing Address:

P.O. BOX 18621
TAMPA, FL 33679-8621

FEI Number: 16-1736589

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AGLIANO, DENNIS S
4922 ST. CROIX DRIVE
TAMPA, FL 33629 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 #

Document #

Name AGLIANO, DENNIS STRUSTEE

Name AGLIANO, JUDITH PTRUSTEE

Address P.O. BOX 18621

Address 4922 ST. CROIX DRIVE

City-State-Zip: TAMPA FL 33679

City-State-Zip: TAMPA FL 33629

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: DENNIS S AGLIANO

GP

04/25/2013

Electronic Signature of Signing General Partner Detail

Date