

**2013 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A09000000083

**Entity Name:** THE AQUADRO FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

**FILED**  
**Feb 04, 2013**  
**Secretary of State**  
**CC2813376403**

**Current Principal Place of Business:**

4216 GULL COVE ROAD  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

4216 GULL COVE ROAD  
NEW SMYRNA BEACH, FL 32169

**FEI Number: 61-1601020**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

AQUADRO, RICHARD C  
4216 GULL COVE ROAD  
NEW SMYRNA BEACH, FL 32169 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	AQUADRO, RICHARD C	Name	AQUADRO, MARIE E
Address	4216 GULL COVE ROAD	Address	4216 GULL COVE ROAD
City-State-Zip:	NEW SMYRNA BEACH FL 32169	City-State-Zip:	NEW SMYRNA BEACH FL 32169

*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: RICHARD C. AQUADRO

GP

02/04/2013

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date