## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## FILED Apr 30, 2007 08:00 Al Secretary of State

Due By May 1, 2007  DOCUMENT # A0000001893				Secretary of St	
					Secretary of St
1. Entity Name THE VINCENT VARDINE FAMILY LIMITED PARTNERSHIP				,	
Principal P	Place of Business	Mailing Address	1		
1800 PARK STREET N. 33 CENTURY HILL DR. ST. PETERSBURG, FL 33710 LATHAM, NY 12110					
				04242007 No Chg-LP	CR2E003 (12/06)
是公司	DO NOT WR	TE IN THIS SPA	CE	4. FEI Number	Applied For
			美名法拉门	59-3688014	Not Applicable \$8.75 Additional
E SEE	6. Name and Address of C	urrent Booletered Agent	Test of both the	5. Certificate of Status Desired	Fee Required
		unem Registared Agent			
VARDINE, VINCENT 1800 PARK STREET N.			DO NOT WRITE		
ST. PETERSBURG, FL 33710				IN THIS S	PACE
	ove named entity submits this state ligations of registered agent.	ment for the purpose of changing its regist	ered office or register	red agent, or both, in the State of	Florida. I am familiar with, and accept
SIGNATU	1	n Vardene		4-2	6-07
SIGNATOR	Signature, typed or printed name of registe	red agent and title if applicable			DATE
		E NOW!!! FEE IS \$500.00 by 1, 2007, Fee will be \$900.00			
V.		NER THAT IS A BUSINESS ENTITY ers MAY NOT be changed on the for			
12.	·	ARTNER INFORMATION			
DOCUMENT # NAME	VARDINE, VINCENT				
STREET AODR		3710			
DOCUMENT #	· .	<u> </u>			
NAME STREET ADDR	VARDINE, SANDRA 1800 PARK STREET N.				
CITY-ST-ZIP		3710			
DOCUMENT #	'				
STREET ADDR	ł.			DO NOT W	网络野鱼蟹属鼠鹿属 的复数人名印度 医乙酰胺异唑酚酚
DOCUMENT #	<del>, ,   , , , , , , , , , , , , , , , , ,</del>			IN THIS S	PACE
NAME STREET ADDR	RESS	1 (2) 2 (3) 4 (3)			
CITY-ST-ZIP		<u>.                                    </u>			
DOCUMENT A	'				
STREET ADDR				5.1 (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	000748327 07-80061-018 508.75
DOCUMENT					or open a sold ded to

14. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.26.07

Daylime Phone #