

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # A00000001893

1. Entity Name
THE VINCENT VARDINE FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**1800 PARK STREET N.
ST. PETERSBURG, FL 33710**

Mailing Address
**33 CENTURY HILL DR.
LATHAM, NY 12110**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-3688014

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VARDINE, VINCENT
1800 PARK STREET N.
ST. PETERSBURG, FL 33710**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**VARDINE, VINCENT
1800 PARK STREET N.
ST. PETERSBURG, FL 33710**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**VARDINE, SANDRA
1800 PARK STREET N.
ST. PETERSBURG, FL 33710**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, Florida Statutes, and 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. 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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

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02/14/08-80073-010 508 75

STAPLE CHECK HERE