

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000000958**

1. Entity Name  
**CAMPELLO FAMILY LIMITED PARTNERSHIP II**



Principal Place of Business  
**9830 S.W. 125TH AVENUE**  
**MIAMI, FL 33186**

Mailing Address  
**9830 S.W. 125TH AVENUE**  
**MIAMI, FL 33186**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

**52-2330575**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPELLO, UGO**  
**9830 S.W. 125TH AVENUE**  
**MIAMI, FL 33186**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

9. Capital Contributions  
 as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions  
 in FLORIDA to date. **1000**

**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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CAMPELLO, UGO**  
**9830 S.W. 125TH AVENUE**  
**MIAMI, FL**

STREET ADDRESS  
 CITY-ST-ZIP  
**UN0000365808**  
**05/11/05-80017-006 141.25**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CAMPELLO, VALERIA**  
**9830 S.W. 125TH AVENUE**  
**MIAMI, FL**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(8)(i), 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: **UGO CAMPELLO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE