


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01221</b>	
1. Entity Name <b>VIERCOCKEN</b>	

Principal Place of Business <b>2220 PALMER STREET PO BOX 8285 PITTSBURGH PA 15218</b>	Mailing Address <b>2220 PALMER STREET PO BOX 8285 PITTSBURGH PA 15218</b>
--	--



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HACKETT, JACK O II 99 NESBIT STREET PUNTA GORDA FL 33950</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! Fee is \$500.\*\*\* After May 1, 2008, fee will be \$900.\*\*\* Make check payable to Florida Department of State.**

**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	STREET ADDRESS		
	<b>CUDA, ELLEN B</b>	<b>P.O. BOX 567</b>	CITY-ST-ZIP		
	<b>BOCA GRANDE FL 33921</b>			<b>U00000828273</b>	
				<b>02/25/08-80005-018 508. 75</b>	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
			CITY-ST-ZIP		

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing 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:** Ellen B. Cuda 412-351-8407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER