

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A02000000461

1. Entity Name
G.S. GUGGINO FAMILY, LLLP



Principal Place of Business
**3115 WEST SWANN AVENUE
 TAMPA, FL 33609**

Mailing Address
**3115 WEST SWANN AVENUE
 TAMPA, FL 33609**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

417 S Royal Palm Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33609

US

07172008

Chg-LP

CR2E003 (12/06)

4. FEI Number
04-3691204

Applied For
 Not Applicable

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

**GUGGINO, G S
 3115 WEST SWANN AVENUE
 TAMPA, FL 33609**

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

**FILE NOW!!! FEE IS \$500.00
 Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S.,
 the limited partnership did not receive the
 prior notice.

**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
**GUGGINO, JUDITH
 3115 WEST SWANN AVENUE
 TAMPA, FL 33609**

STREET ADDRESS
 CITY-ST-ZIP
**417 S Royal Palm Way
 Tampa, FL 33609**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

**100133411271
 07/24/08-01050-017 **500.00**

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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 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:

Judith Guggino
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

7/21/08

STAPLE CHECK HERE

FILED
08 JUL 29 AM 10:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

