


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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB 12 AM 9:29

|  |   |
|--|---|
| <b>DOCUMENT # A02000000808</b><br>1. Entity Name<br>SALVANESCHI-OROZCO, LTD. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>10921 BLUE PALM STREET<br>PLANTATION, FL 33324 | Mailing Address<br>10921 BLUE PALM STREET<br>PLANTATION, FL 33324 |
|---|---|



01022007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>03-0494653  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|   |                                   |
|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>CARR, DAVID P CPA<br>12065 METRO PKWY, STE 101<br>FT. MYERS, FL 33912 66 | <b>DO NOT WRITE IN THIS SPACE</b> |
|---|-----------------------------------|

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

1/4/07

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 #                      | P02000063128             |
| NAME                            | SALVANESCHI-OROZCO, INC. |
| STREET ADDRESS                  | 10921 BLUE PALM STREET   |
| CITY-ST-ZIP                     | PLANTATION, FL 33324     |
| 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                     |                          |

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**DO NOT WRITE IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/8/07

(954)236-5254

STAPLE CHECK HERE