

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:46

DOCUMENT # A02000000808



1. Entity Name

SALVANESCHI-OROZCO, LTD.

Principal Place of Business

10921 BLUE PALM STREET
PLANTATION FL 33324

Mailing Address

10921 BLUE PALM STREET
PLANTATION FL 33324

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

4. FEI Number

03-0494653

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

CARR, DAVID P CPA
12065 METRO PKWY, STE 101
FT. MYERS FL 33966

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 the filer (Applicable)

DATE

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 # P02000063128
NAME SALVANESCHI-OROZCO, INC.
STREET ADDRESS 10921 BLUE PALM STREET
CITY-STATE-ZIP PLANTATION FL 33324

STREET ADDRESS

CITY-STATE-ZIP

200120708868
03/19/08--01010--022 **\$500.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-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:

David P Carr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/18/08
DATE

Daytime Phone #