

**2008 LIMITED PARTNERSHIP ANNUAL REPORT****Due By May 1, 2008****DOCUMENT # A02000000945**1. Entity Name  
**ROMANO INVESTMENT MANAGEMENT LIMITED  
PARTNERSHIP**FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 31 PM 2:46

Principal Place of Business

744 NE 12TH TERRACE  
#5  
BOYNTON BEACH, FL 33435

Mailing Address

744 NE 12TH TERRACE  
#5  
BOYNTON BEACH, FL 33435

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

11347 Front Beach Road

3. Mailing Address

11347 Front Beach Road

Suite, Apt. #, etc.

1001

Suite, Apt. #, etc.

1001

City &amp; State

Panama City Beach, FL

City &amp; State

Panama City Beach, FL

Zip

32407

Country

USA

Zip

32407

Country

USA

02222008

Chg-LP

CR2E003 (12/06)

4. FEI Number

01-0737972

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHRYSTAL, NEIL R  
DUNWOODY WHITE & LANDON, P.A.  
550 BILTMORE WAY SUITE 810  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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**  
**After May 1, 2008, 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 # P02000075922  
NAME ROMANO INVESTMENT MANAGEMENT, INC.  
STREET ADDRESS 744 NE 12TH TERRACE  
CITY-ST-ZIP BOYNTON BEACH, FL 33435

13. ADDRESS CHANGES ONLY

STREET ADDRESS 11347 Front Beach Road, #1001  
CITY-ST-ZIP Panama City Beach, FL 32407DOCUMENT #  
NAME  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/3/08 850-230-4228