

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # A02000001112

1. Entity Name
MARY C. CASTELLANO, LTD.



Principal Place of Business
6202 36TH AVE. SOUTH
TAMPA, FL 33619

Mailing Address
6202 36TH AVE. SOUTH
TAMPA, FL 33619



03202006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0000960

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

CASTELLANO, SAM
6202 36TH AVE. SOUTH
TAMPA, FL 33619

**DO NOT WRITE
IN THIS SPACE**

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, 2006, 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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
CASTELLANO, MARY C
401 N. 22ND STREET
TAMPA, FL 33605

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
CASTELLANO, JOHN B
102 RONELE DRIVE
BRANDON, FL 33511

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
CASTELLANO, SAM
6202 36TH AVE. SOUTH
TAMPA, FL 33619

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
COVINE, ROSALIND C
8912 RIVERVIEW BLVD.
RIVERVIEW, FL 33569

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000515489
04/29/06-80208-019 500.00

**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:

Sam Castellano

4/13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE