2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # A02000001112

1. Entity Name
MARY C. CASTELLANO, LTD.

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

04072008 No Chg-LP CR2E003 (12/06)

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

6. 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 _____ U00000917698 05/13/08-80053-008 500.00
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 #	
NAME	CASTELLANO, MARY C
STREET ADDRESS	401 N. 22ND STREET
CITY-ST-ZIP	TAMPA, FL 33605
DOCUMENT #	
NAME	CASTELLANO, JOHN B
STREET ADDRESS	102 RONELE DRIVE
CITY-ST-ZIP	BRANDON, FL 33511
DOCUMENT #	
NAME	CASTELLANO, SAM
STREET ADDRESS	6202 36TH AVE. SOUTH
CITY-ST-ZIP	TAMPA, FL 33619
DOCUMENT #	
NAME	COVINE, ROSALIND C
STREET ADDRESS	8912 RIVERVIEW BLVD.
CITY-ST-ZIP	RIVERVIEW, FL 33569
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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 4/18/08 (813)247-5491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Sam Castellano