

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000001114

1. Entity Name
SUN-AM HOLDINGS, LTD.



Principal Place of Business
**6202 36TH AVENUE SOUTH
TAMPA, FL 33619**

Mailing Address
**6202 36TH AVENUE SOUTH
TAMPA, FL 33619**



01222007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0000968

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 AVENUE 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

U000000614452
02/06/07-80031-010.500.00
DATE

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

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

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

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

**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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/26/07
Date

Daytime Phone #

STAPLE CHECK HERE