

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A02000001493

1. Entity Name
P. ACCURSIO PARTNERSHIP, LTD.



FILED

2007 APR -3 AM 11:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



02192007 Chg-LP CR2E003 (12/06)

Principal Place of Business
C/O CHRISTOPHER W. BOYETT, ESQUIRE
701 BRICKELL AVENUE, SUITE 3000
MIAMI, FL 33131

Mailing Address
C/O CHRISTOPHER W. BOYETT, ESQUIRE
701 BRICKELL AVENUE, SUITE 3000
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #
1235 N.W. 2ND STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOMESTEAD, FLORIDA

City & State

4. FEI Number
20-5210726

Applied For
 Not Applicable

Zip
33030

Country

Zip

Country

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI, FL 33131

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, 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P02000121352**
 NAME **P. ACCURSIO CORPORATION**
 STREET ADDRESS **701 BRICKELL AVENUE, SUITE 3000**
 CITY-ST-ZIP **MIAMI, FL 33131**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

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

March 20, 2007

Date

Daytime Phone #

STAPLE CHECK HERE