

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 20 AM 9:17

DOCUMENT # A02000001515

1. Entity Name
IRENE GIORDANO FAMILY PARTNERSHIP, LTD.



Principal Place of Business
1194 HILLSBORO MILE, VILLA 45
HILLSBORO BEACH, FL 33062

Mailing Address
1194 HILLSBORO MILE, VILLA 45
HILLSBORO BEACH, FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06072005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1162526

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GIORDANO, IRENE
1194 HILLSBORO MILE, VILLA 45
HILLSBORO BEACH, FL 33062

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

9. Capital Contributions
as Shown on record. \$29,700.00

10. Amount of Capital Contributions
in FLORIDA to date.

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
GIORDANO, IRENE TRUSTEE
1194 HILLSBORO MILE, VILLA 45
HILLSBORO BEACH, FL 33062

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

200056609962
06/28/05--01032--004 **296.65

DOCUMENT #
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CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Irene Giordano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/10/05

Date

Daytime Phone #

STAPLE CHECK HERE