

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000001551

1. Entity Name
PERZIA ENTERPRISES, LTD.



Principal Place of Business
5020 BAYSHORE BLVD., UNIT 204
TAMPA, FL 33611

Mailing Address
5020 BAYSHORE BLVD., UNIT 204
TAMPA, FL 33611



04252007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
54-2083434

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PERZIA, MARY MARCHETTA
5020 BAYSHORE BLVD., UNIT 204
TAMPA, FL 33611

**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

U00000756405
05/23/07-80030-007 500.00
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 PERZIA, MARY MARCHETTA
STREET ADDRESS 5020 BAYSHORE BLVD., UNIT 204
CITY-ST-ZIP TAMPA, FL 33611

DOCUMENT #
NAME MARTINI CLARK, PATRICIA
STREET ADDRESS 2927 BAYSHORE COURT
CITY-ST-ZIP TAMPA, FL 33611

DOCUMENT #
NAME EVERETT, ANTOINETTE P
STREET ADDRESS 3422 JEAN CIRCLE
CITY-ST-ZIP TAMPA, FL 33629

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE