

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A03000000605**

1. Entity Name  
**LOMBARDI FAMILY, LLLP**



Principal Place of Business  
**2107 HIGHWAY 92 WEST  
AUBURNDAL, FL 33823**

Mailing Address  
**2107 HIGHWAY 92 WEST  
AUBURNDAL, FL 33823**



**DO NOT WRITE IN THIS SPACE**

03312008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

**13-4247691**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

**LOMBARDI, BETTY J  
2107 HIGHWAY 92 WEST  
AUBURNDAL, FL 33823**

**DO NOT WRITE  
IN THIS SPACE**

9. 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, 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	<b>LOMBARDI, GARY A</b>
STREET ADDRESS	<b>P.O. BOX 1865</b>
CITY-ST-ZIP	<b>AUBURNDAL, FL 33823</b>
DOCUMENT #	
NAME	<b>LOMBARDI RABAGO, ANNE</b>
STREET ADDRESS	<b>2107 HWY 92 WEST</b>
CITY-ST-ZIP	<b>AUBURNDAL, FL 33823</b>
DOCUMENT #	
NAME	<b>LOMBARDI, BETTY J TRUSTEE</b>
STREET ADDRESS	<b>P.O. BOX 964</b>
CITY-ST-ZIP	<b>AUBURNDAL, FL 33823</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
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05/01/08-80034-018 500.00

**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

*[Handwritten Signature]*

4.1.08 812 917 1717