

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # A03000000807

1. Entity Name
R & R STRANO FAMILY LTD., A FLORIDA LIMITED PARTNERSHIP



Principal Place of Business
**75 WEST PALM DRIVE
FLORIDA CITY, FL 33034**

Mailing Address
**PO BOX 343064
FLORIDA CITY, FL 33034**



01092007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-6416899

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEBER, EILEEN P.A.
9374 S.W. 212TH TERRACE
MIAMI, FL 33189**

**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

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$800.00**

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 **STRANO, ROSARIO**
STREET ADDRESS **26350 S.W. 182ND AVE.**
CITY- ST- ZIP **HOMESTEAD, FL 33031**

DOCUMENT #
NAME **STRANO, ROSARIA**
STREET ADDRESS **26350 S.W. 182ND AVE.**
CITY- ST- ZIP **HOMESTEAD, FL 33031**

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U000000003792
01/29/07-80029-003 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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

1/22/07
Date

305 235 9959
Daytime Phone #