


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

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

<b>DOCUMENT # A03000001570</b> 1. Entity Name <b>THE FALCON FUND, LIMITED PARTNERSHIP</b>	
---	---

Principal Place of Business <b>3033 RIVERIA DR., STE. 106 NAPLES, FL 34103</b>	Mailing Address <b>25 CHURCH AVENUE SW ROANOKE, VA 24011</b>
---	---



04142008 No Chg-LP

CR2E003 (12/06)


**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0362267</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>SORRENTINO, ROBERT J 3033 RIVIERA DRIVE #106 NAPLES, FL 34103</b>
---

**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  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <b>4-14-08</b>
--	---------------------

**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 #	P98000049930
NAME	SORRENTINO ASSET MANAGEMENT, INC.
STREET ADDRESS	25 CHURCH AVENUE SW
CITY - ST - ZIP	ROANOKE, VA 24011
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000904915  
05/01/08-80033-011 500.00

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**4-14-08**

Date

Daytime Phone #

**540-985-6444**

STAPLE CHECK HERE