

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000001744

**FILED**  
**Jan 05, 2007**  
**Secretary of State**

**Entity Name:** THE CAPELLINI INVESTMENTS FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1311 NEWPORT CENTER DRIVE W, STE.C  
DEERFILED BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

1311 NEWPORT CENTER DRIVE W, STE.C  
DEERFILED BEACH, FL 33442

**New Mailing Address:**

**FEI Number:** 56-2423380

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WACHS, JEFFREY S ESQ  
1177 S.E. 3RD AVENUE  
FORT LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: CAPELLINI, ALBERT

Address: 1311 NEWPORT CENTER DRIVE W, STE.C

City-St-Zip: DEERFILED BEACH, FL 33442

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALBERT CAPELLINI

\_\_\_\_\_  
Electronic Signature of Signing General Partner

01/05/2007

\_\_\_\_\_  
Date