


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # A03000001843 1. Entity Name FINAZZO FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 1524 NORTH DRIVE SARASOTA, FL 34239	Mailing Address 1524 NORTH DRIVE SARASOTA, FL 34239
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. # etc.
City & State	City & State
Zip Country	Zip Country



04042006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-0782998	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCGINNESS, W. LEE 1800 SECOND ST, STE 971 SARASOTA, FL 34236
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>

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

1100000538371
 05/05/06 00054 010 500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000056484	STREET ADDRESS	
NAME	FINAZZO, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	1524 NORTH DRIVE		
CITY-ST-ZIP	SARASOTA, FL 34239		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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:  **4/12/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE