

2008 LIMITED-PARTNERSHIP ANNUAL REPORT**- Due By May 1, 2008 -****FILED****Feb 18, 2008 08:00 AM**
Secretary of State**DOCUMENT # A03000001843**

1. Entity Name

FINAZZO FAMILY LIMITED PARTNERSHIP



Principal Place of Business

1524 NORTH DRIVE
SARASOTA, FL 34239

Mailing Address

1524 NORTH DRIVE
SARASOTA, FL 34239

01262008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

20-0782998

Approved For

FILE APPROV

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MCGINNESS, W. LEE
1800 SECOND ST, STE 971
SARASOTA, FL 34236**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, 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 #	L03000056484
NAME	FINAZZO, L.L.C.
STREET ADDRESS	1524 NORTH DRIVE
CITY-ST-ZIP	SARASOTA, FL 34239
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

U00000831255
02/27/08-80011-009-500.00**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.