

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

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

DOCUMENT # A04000000302

1. Entity Name
LUCILA, LTD.



Principal Place of Business
**521 NANTUCKET DRIVE
TEMPLE TERRACE, FL 33617**

Mailing Address
**521 NANTUCKET DRIVE
TEMPLE TERRACE, FL 33617**



04142008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1191650

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, LUCILLE P
521 NANTUCKET DRIVE
TEMPLE TERRACE, FL 33617**

**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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
**GARCIA, LUCILLE P
521 NANTUCKET DRIVE
TEMPLE TERRACE, FL 33617**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**GARCIA, FRANK J
521 NANTUCKET DRIVE
TEMPLE TERRACE, FL 33617**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**JACKSON, FRANCES M
511 ROYAL GREENS
TEMPLE TERRACE, FL 33617**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**VALENTI, DANIA F
6617 GLENCOE DRIVE
TEMPLE TERRACE, FL 33617**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**PINIELLA, ANITA L
1005 TARAY DEAVILA
TAMPA, FL 33613**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

000000904897
05/01/08-80031-012 500.00

**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:

Lucille P. Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/08

Date

(813)988-0202

Daytime Phone #

STAPLE CHECK HERE