

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

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000001090**

1. Entity Name  
**ANGEL/FRANCEY OLIVA FAMILY PARTNERSHIP, LTD.**



Principal Place of Business  
**3104 NORTH ARMENIA AVE.  
TAMPA, FL 33607**

Mailing Address  
**3104 NORTH ARMENIA AVE.  
TAMPA, FL 33607**



01032008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1354647**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**OLIVA, ANGEL JR.  
3104 NORTH ARMENIA AVE.  
TAMPA, FL 33607**

**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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or print of registered agent and title if applicable

**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
	OLIVA, ANGEL JR.	3104 NORTH ARMENIA AVE.	TAMPA, FL 33607
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	OLIVA, FRANCES M	3104 NORTH ARMENIA AVE.	TAMPA, FL 33607
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	OLIVA, ANGEL III	3104 NORTH ARMENIA AVE.	TAMPA, FL 33607
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

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01/08/08-80024-007 500.00

**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**

**ANGEL OLIVA, JR.**

**Date**

**Daytime Phone #**

**1/3/08 (813) 248-4921**

STAPLE CHECK HERE