

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # A04000001296

1. Entity Name
THE ANGELILLO FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**3880 COCONUT CREEK PARKWAY, SUITE 100
COCONUT CREEK, FL 33066**

Mailing Address
**3880 COCONUT CREEK PARKWAY, SUITE 100
COCONUT CREEK, FL 33066**



05112007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1486613

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FT. LAUDERDALE, FL 33316**

**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.

000000764138
05/30/07-20045-002 500.00
DATE

**FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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
**ANGELILLO, MICHAEL P
3880 COCONUT CREEK PARKWAY, SUITE 100
COCONUT CREEK, FL 33066**

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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: Michael P. Angelillo Michael P. ANGELILLO MD 5/9/07 (954) 575 2533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE