

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 JAN 30 PM 4:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
6752 N.W. 62ND TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232008

Chg-LP

CR2E003 (12/06)

City & State

City & State
PARKLAND, FLORIDA

4. FEI Number

20-1486613

Applied For

Not Applicable

Zip

Country

Zip

33067

Country

BROWARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME **ANGELILLO, MICHAEL P**
 STREET ADDRESS **3880 COCONUT CREEK PARKWAY, SUITE 100**
 CITY-ST-ZIP **COCONUT CREEK, FL 33066**

STREET ADDRESS

CITY-ST-ZIP

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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:

Michael P. Angelillo M.D.

Date

1/22/08

Daytime Phone #

(954) 575-2533

STAPLE CHECK HERE