

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 PM 1:58

DOCUMENT # A04000001342

1. Entity Name
 VERO TEXACO, LTD.



Principal Place of Business
 7967 LANTANA ROAD
 LAKE WORTH, FL 33567

Mailing Address
 P.O. BOX 540623
 LAKE WORTH, FL 33454-0623



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 P. O. Box 540669

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142008 Chg-LP CR2E003 (12/06)

City & State

City & State
 Lake Worth, FL

4. FEI Number
 54-3011177

Applied For
 Not Applicable

Zip

Country

Zip
 33454-0669

Country

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

GARY SMIGIEL, L.C.
 7965 LANTANA ROAD
 LAKE WORTH, FL 33467

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 # L93000000238
 NAME GARY SMIGIEL, L.C.
 STREET ADDRESS 7967 LANTANA ROAD
 CITY-ST-ZIP LAKE WORTH, FL 33567

STREET ADDRESS P. O. Box 540669
 CITY-ST-ZIP Lake Worth, FL 33454-0669

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 CITY-ST-ZIP

STREET ADDRESS
 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:

[Signature] GARY SMIGIEL

4-3-08 561-908-3605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE