2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:46

DOCUMENT # A04000001652

1. Entity Name
CADRECHA FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
2234 E 7TH AVENUE TAMPA, FL 33605	2234 E 7TH AVENUE TAMPA, FL 33605
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04232008 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED FOR 59-3629113 — Applied For / Not Applicable

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
CADRECHA, ROBERT N 2234 E 7TH AVENUE TAMPA, FL 33605	Name: Cadrecha, Matt Street Address (P.O. Box Number is Not Acceptable): 2234 E 7TH Avenue City: Tampa FL Zip Code 33605

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 ______________________________ DATE
Signature, typed or printed name 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	333666	STREET ADDRESS	600127239166 04/30/08--01010--008 **500.00
NAME	TAMPA WHOLESALE FURNITURE CO.		
STREET ADDRESS	2234 E 7TH AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	TAMPA, FL 33605		
DOCUMENT #		STREET ADDRESS	
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STAPLE CHECK HERE

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] 4/25/08 813-247-4557 813.335-4820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #