

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

DOCUMENT # A04000002067

1. Entity Name  
F & D LLANEZA ENTERPRISES, LTD.



Principal Place of Business  
5122 SAN JOSE  
TAMPA, FL 33629

Mailing Address  
5122 SAN JOSE  
TAMPA, FL 33629

**FILED**

08 JUN 18 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03272008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2054350	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent.

LLANEZA, FRANK A  
5122 SAN JOSE  
TAMPA, FL 33629

**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.

100131507831  
06/19/08--01035--024 \*\*500.00

**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	LLANEZA, FRANK A
STREET ADDRESS	5122 SAN JOSE
CITY- ST- ZIP	TAMPA, FL 33629
DOCUMENT #	
NAME	LLANEZA, DIANA
STREET ADDRESS	5122 SAN JOSE
CITY- ST- ZIP	TAMPA, FL 33629
DOCUMENT #	
NAME	BAKER, MARY, FRANCES
STREET ADDRESS	3320 CARRINGTON STREET
CITY- ST- ZIP	TAMPA, FL 33609
DOCUMENT #	
NAME	HUDSON, RUTH L
STREET ADDRESS	5827 MARINER STREET
CITY- ST- ZIP	TAMPA, FL 33609
DOCUMENT #	
NAME	LLANEZA-JONES, CAROL J
STREET ADDRESS	5806 MARINER STREET
CITY- ST- ZIP	TAMPA, FL 33609
DOCUMENT #	
NAME	MCKOWN, LYNETTE L
STREET ADDRESS	4712 LAUREL ROAD
CITY- ST- ZIP	TAMPA, FL 33629

**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: Carol Jean Mary Jones  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 4/29/08 Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE