2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A05000001207

1. Entity Name

VICINO FAMILY LIMITED PARTNERSHIP



FILED
Jan 17, 2007 08:00 AM
Secretary of State

Principal Place of Business

1800 SOUTH OCEAN BOULEVARD, UNIT 807 POMPANO BEACH, FL 33062

Mailing Address

1800 SOUTH OCEAN BOULEVARD, UNIT 807 POMPANO BEACH, FL 33062



01102007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-3022657

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VICINO, FRANK T JR 1800 SOUTH OCEAN BOULEVARD, UNIT 807 POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

| | | IN THIS SPACE |
|---|---|---|
| 8. The above the obliga | e named entity submits this statement for the purpose of changing its regi tions of registered agent. | Istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE | Signature, typed or printed name of registered agent and title # applicable. | DATE |
| | FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 | |
| <u> </u> | A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the f | Y MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. orm; an amendment must be filed to change a general partner. |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | GENERAL PARTNER INFORMATION P05000073635 VICINO FAMILY HOLDINGS, INC. 1800 SOUTH OCEAN BOULEVARD, UNIT 807 POMPANO BEACH, FL 33062 | U00000589374 01/18/07-80012-020 500.00 |
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| DOCUMENT # NAME | | |

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:

CITY - ST-ZIP

STAPLE CHECK HERE

INGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/0

OC4-25E-9777

Date

Davime Phone #