2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

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VICINO F	AMILY L	IMITED PARTNER	SHIP			BAJAN 15	PM 3: 11										
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1800 SOUTH OCEAN BOULEVARD, UNIT 807 1800 SOUTH OCEAN BOUL Pompano Beach, FL 33062 Pompano Beach, FL 330						ļ											
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Suite, Apt.	#, etc.		Suite, Apt. #, etc.			01072008	Chg-LP	CR2E003 (12/06)									
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City & State	e / /	, (1	City & State /	/ /	CI	4. FEI Numb		Applied For									
H Car	dolla		Fl laudad.		PL	20-302	2657	Not Applicable									
^{Zip} 333		Country	Zip	Coyr	ntry d	5. Certificate	of Status Desired	\$8.75 Additional									
333	08	Browold	33308	D	e word			Fee Required									
	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent											
					Name												
VICINO, FRANK T JR 1800 SOUTH OCEAN BOULEVARD, UNIT 807 POMPANO BEACH, FL 33062					Street Address (P.O. Box Number is Not Acceptable)												
														City			FL Zip Code
8. The above	named entit	v submits this statement fo	r the purpose of changing i	its register	ed office or reals	tered agent, or bo	oth, in the State of F	lorida. I am familiar with, and accept									
	ions of regist				--												
SIGNATURE -	Signature, typed	or printed name of registered agent	and title if applicable.					DATE									
	*	FILE NOY	VIII FEE IS \$500.00														
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	A G	SENERAL PARTNER T	HAT IS A BUSINESS E Y NOT be changed on	ENTITY N	IUST BE REGI	STERED AND	ACTIVE WITH TI	IIS OFFICE.									
12.	NOIE.	GENERAL PARTNER		13.		ent must be th		ANGES ONLY									
DOCUMENT /	P0500007		TINFORMATION	13.	· · · · · · · · · · · · · · · · · · ·		ADDRESS CH	ANGES ONLY									
NAME	i	AMILY HOLDINGS, INC		STR	EET ADDRESS	2212	NEU	a street									
STREET ADDRESS	i	JTH OCEAN BOULEVA			<u> </u>	1912	100 7	0 5TICET U 33308									
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14. I hereby r	certify that th	ne information supplied with	h this filing does not qualify	v for the e	enotions contain	ned in Chanter 1	9 Florida Statutes	I further certify that the information									
indicated	on this repor	rt is true and accurate and	that my signature shall hav	e the sam	e legal effect as i	f made under oat	h; that I am a Gene	ral Partner of the limited partnership									
or the rec	erver or trust	ee empowered to execute	this report as required by C	napter 62	0, Florida Statute	rs	, ,	,									
		1/2/					1-1.0	1001 201 000									
SIGNAT	URE: _	/ /	·/			/	11/08	_(754 <u>)</u>									
		SIGNATURE AND TYPED OR	PRINTED NAME OF BIGNING GENE	ERAL PARTN	ER		Date	Daylone Phone &									