

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A05000001207					
1. Entity Name VICINO FAMILY LIMITED PARTNERSHIP					
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		
2. Principal Place of Business - No P.O. Box # 3312 NE 40 STREET		3. Mailing Address 3312 NE 40 STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008 Chg-LP CR2E003 (12/06)	
City & State Ft Lauderdale, FL		City & State Ft Lauderdale, FL		4. FEI Number 20-3022657	
Zip 33308		Country Broward		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$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			7. Name and Address of New Registered Agent		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	P05000073635		STREET ADDRESS	3312 NE 40 STREET	
NAME	VICINO FAMILY HOLDINGS, INC.		CITY - ST - ZIP	FT Lauderdale, FL 33308	
STREET ADDRESS	1800 SOUTH OCEAN BOULEVARD, UNIT 807		STREET ADDRESS		
CITY - ST - ZIP	POMPANO BEACH, FL 33062		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			1/7/08 (954) 325-9777 <small>Date Daytime Phone #</small>		

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