
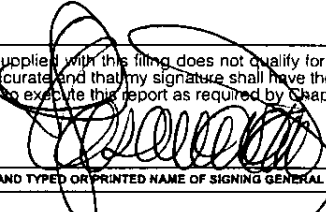


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB -6 AM 9:57

<b>DOCUMENT # A05000001418</b>					
1. Entity Name CASANOVA FAMILY HOLDINGS LLLP					
Principal Place of Business 11040 N. KENDALL DRIVE SUITE C-100 MIAMI, FL 33176			Mailing Address 11040 N. KENDALL DRIVE SUITE C-100 MIAMI, FL 33176		
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	4. FEI Number 23-8013481	
				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			7. Name and Address of New Registered Agent		
CASANOVA, LAIDA N 10700 SW 69TH AVENUE MIAMI, FL 33156			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>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME			STREET ADDRESS	
NAME	LAIDA N. CASANOVA REVOCABLE TRUST			CITY-ST-ZIP	
STREET ADDRESS	10700 SW 69TH AVENUE				
CITY-ST-ZIP	MIAMI, FL 33156				
DOCUMENT #	NAME			STREET ADDRESS	200087875982
NAME				CITY-ST-ZIP	02/09/07--01046--022 **500.00
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME			STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME			STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME			STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME			STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
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: 				Date 1/30/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #	

STAPLE CHECK HERE