2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

DOCUMENT # A05000001916

1. Entity Name

AGLIANO FAMILY LIMITED PARTNERSHIP, LLP

FILED
06 JUN 13 PM 12:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
4922 ST. CROIX DRIVE TAMPA FL 33629	4922 ST. CROIX DRIVE TAMPA FL 33629

1st MOORE CR2E003 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 18621 Suite, Apt. #, etc.
City & State	City & State TAMPA, FL
Zip / Country	Zip / Country 33679-8621 USA

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AGLIANO, DENNIS S 4922 ST. CROIX DRIVE TAMPA FL 33629	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: Dennis S. Agliano Dennis S. Agliano DATE: 3/17/06
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is $500. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	P.O. Box 18621
NAME	AGLIANO, DENNIS S TRUSTEE	CITY-ST-ZIP	TAMPA, FL 33679-8621
STREET ADDRESS	4922 ST. CROIX DRIVE		
CITY-ST-ZIP	TAMPA FL 33629		
DOCUMENT #		STREET ADDRESS	
NAME	AGLIANO, JUDITH P TRUSTEE	CITY-ST-ZIP	300075365229 06/20/06--01014--018 **500.00
STREET ADDRESS	4922 ST. CROIX DRIVE		
CITY-ST-ZIP	TAMPA FL 33629		
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: Dennis S. Agliano Dennis S. Agliano 3/17/06 813-853-2075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #