

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 AUG 13 PM 4:34

DOCUMENT # A05000001916

1. Entity Name
 AGLIANO FAMILY LIMITED PARTNERSHIP, LLP



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

Mailing Address
 P.O. BOX 18621
 TAMPA, FL 33679-8621

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

07052007

Chg-LP

CR2E003 (12/06)

4. FEI Number

APPLIED FOR 16-1736589

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S.,
 the limited partnership did not receive the
 prior notice.

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 #
 NAME AGLIANO, DENNIS S TRUSTEE
 STREET ADDRESS P.O. BOX 18621
 CITY-ST-ZIP TAMPA, FL 336793621

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME AGLIANO, JUDITH P TRUSTEE
 STREET ADDRESS 4922 ST. CROIX DRIVE
 CITY-ST-ZIP TAMPA, FL 33629

STREET ADDRESS

CITY-ST-ZIP

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 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: *Dennis S Agliano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

100108678521
 08/28/07--01011--005 **\$500.00

BLT