


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # A05000001942			
1. Entity Name E. ROMEO FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 12342 CASCADES POINTE DRIVE BOCA RATON FL 33428		Mailing Address 12342 CASCADES POINTE DRIVE BOCA RATON FL 33428	
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



1st MOORE CR2E003 (10/06)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROMEO, ETTORE F 12342 CASCADES POINTE DRIVE BOCA RATON FL 33428		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2007, 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 #	P05000140661	STREET ADDRESS	
NAME	E. ROMEO FAMILY CORPORATION	CITY-STATE-ZIP	
STREET ADDRESS	12342 CASCADES POINTE DRIVE		
CITY-STATE-ZIP	BOCA RATON FL 33428		
DOCUMENT #		STREET ADDRESS	000000658990
NAME		CITY-STATE-ZIP	03/16/07-80012-001 508.75
STREET ADDRESS			
CITY-STATE-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-STATE-ZIP	
STREET ADDRESS			
CITY-STATE-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: Ettore F. Romeo  3/3/07 561-488-9434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE