
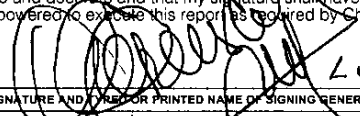


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 10 AM 10:50

DOCUMENT # A05000002276				
1. Entity Name CASANOVA LIMITED, LLLP				
Principal Place of Business 119 SINCLAIR STREET SW PORT CHARLOTTE, FL 33952		Mailing Address 119 SINCLAIR STREET SW PORT CHARLOTTE, FL 33952		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
HOLMES, DAVID A 99 NESBIT STREET PUNTA GORDA, FL 33950		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, 2006, 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 #	CASANOVA, LUIS A	STREET ADDRESS		
NAME	119 SINCLAIR STREET SW	CITY-ST-ZIP	400068093924	
STREET ADDRESS	PORT CHARLOTTE, FL 33952		03/20/06--01015--028 **500.00	
CITY-ST-ZIP				
DOCUMENT #		STREET ADDRESS		
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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: 		Luis A. CASANOVA 31-06 94-883 3313		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE