


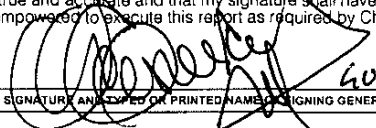
**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED**

2007 MAY 10 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	02132007	Chg-LP CR2E003 (12/06)		
4. FEI Number 20-4127810				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				
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>							
<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 #	CASANOVA, LUIS A		STREET ADDRESS				
NAME	119 SINCLAIR STREET SW		CITY-ST-ZIP				
STREET ADDRESS	PORT CHARLOTTE, FL 33952						
CITY-ST-ZIP							
DOCUMENT #			STREET ADDRESS				
NAME			CITY-ST-ZIP				
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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: 			Date: 4-27-07		Daytime Phone #: 883-3313		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #		

STAPLE CHECK HERE

*Handwritten initials*

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05/23/07--01020--005 \*\*500.00

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