

# 2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007

DOCUMENT # A06000000637

1. Entity Name  
THE MARK AND FAWN VOCCI FAMILY LIMITED  
PARTNERSHIP



Principal Place of Business  
C/O MARK J VOCCI  
34324 PARK LANE  
LEESBURG, FL 34786

Mailing Address  
C/O MARK J VOCCI  
34324 PARK LANE  
LEESBURG, FL 34786

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

04082007

Chg-LP

CR2E003 (12/06)

4. FEI Number

20-4855927

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

BRENNAN MANNA & DIAMOND, P.L.  
76 SOUTH LAURA STREET STE 2110  
JACKSONVILLE, FL 32202

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**  
**After May 1, 2007, 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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VOCCI, MARK J  
34324 PARK LANE  
LEESBURG, FL 34786

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

Mark J. Vocci MARK J VOCCI

4/8/07 352-360-0507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

2007 APR 17 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE