

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000000679

**FILED**  
**Mar 06, 2009**  
**Secretary of State**

**Entity Name:** STEELTIGER LIMITED LIABILITY PARTNERSHIP, LLLP

**Current Principal Place of Business:**

1887 WINGFIELD DRIVE  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

1887 WINGFIELD DRIVE  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 20-4920047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PASCARELLA, EUGENE M  
1887 WINGFIELD DRIVE  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: PASCARELLA, EUGENE M TRUSTEE

Address: 1887 WINGFIELD DRIVE

City-St-Zip: LONGWOOD, FL 32779

Document #:

Name: PASCARELLA, MARY C TRUSTEE

Address: 1887 WINGFIELD DRIVE

City-St-Zip: LONGWOOD, FL 32779

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EUENE PASCARELLA

\_\_\_\_\_  
Electronic Signature of Signing General Partner

03/06/2009

\_\_\_\_\_  
Date