


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

<b>DOCUMENT # A06000000760</b> 1. Entity Name VRATANINA FAMILY LLLP	
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**FILED**  
 07 FEB 26 AM 9:37

TALLAHASSEE, FLORIDA



Principal Place of Business 1005 LONGLEY COVE LAKE MARY, FL 32746	Mailing Address 1005 LONGLEY COVE LAKE MARY, FL 32746
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	Suite, Apt. #, etc.	City & State	Zip	Country

01292007 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent	
VRATANINA, LISA M 1005 LONGLEY COVE LAKE MARY, FL 32746	

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	VRATANINA, JEFFREY J		
STREET ADDRESS	1005 LONGLEY COVE	CITY-ST-ZIP	
CITY-ST-ZIP	LAKE MARY, FL 32746		
DOCUMENT #	NAME	STREET ADDRESS	
	VRATANINA, LISA M		
STREET ADDRESS	1005 LONGLEY COVE	CITY-ST-ZIP	
CITY-ST-ZIP	LAKE MARY, FL 32746		
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CITY-ST-ZIP			

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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:** Jeffrey J. Vratana **Jeffrey Vratana** **01/30/07 407-578-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE OF FLORIDA