


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 JAN 15 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A07000000675	
1. Entity Name FIMIANI HOLDINGS, LTD.	

Principal Place of Business 800 PARKSIDE CIRCLE NORTH BOCA RATON, FL 33431 US	Mailing Address 800 PARKSIDE CIRCLE NORTH BOCA RATON, FL 33431 US
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2. Principal Place of Business - No P.O. Box # 399 W. Palmetto Park Rd. Suite, Apt. #, etc. Suite 200 City & State Boca Raton, FL Zip 33432 Country U.S.A.	3. Mailing Address 399 W. Palmetto Park Rd. Suite, Apt. #, etc. Suite 200 City & State Boca Raton, FL Zip 33432 Country U.S.A.
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01072008 Chg-LP CR2E003 (12/06)

4. FEI Number 26-0146302	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FIMIANI, MICHAEL J 800 PARKSIDE CIRCLE NORTH BOCA RATON, FL 33431	
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7. Name and Address of New Registered Agent Name Michael J. Fimiani Street Address (P.O. Box Number is Not Acceptable) 399 W. Palmetto Park Rd. Suite 200 City Boca Raton FL Zip Code 33432	
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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 01/07/08
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FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 CITY-ST-ZIP	L07000049150 FIMIANI MANAGEMENT, LLC 800 PARKSIDE CIRCLE NORTH BOCA RATON, FL 33431	STREET ADDRESS CITY-ST-ZIP	399 W. Palmetto Park Rd, Ste 200 Boca Raton, FL 33432
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	000115862948 01/14/08--01052--007 **500.00
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	01/07/08 561398882 Date Daytime Phone #

STAPLE CHECK HERE