

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A07000000702

1. Entity Name
AL-CE-CO LLLP



Principal Place of Business
6600 CASTANEDA STREET
CORAL GABLES, FL 33146

Mailing Address
6600 CASTANEDA STREET
CORAL GABLES, FL 33146



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

04102008

Chg-LP

CR2E003 (12/06)

4. FEI Number

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

PICCINI, ALFREDO P
6600 CASTANEDA STREET
CORAL GABLES, FL 33146

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 Alfredo Piccini
 Signature, typed or printed name of registered agent and title if applicable.

DATE 4-15-08

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

000000925325
 05/20/08-80022-015 500.00

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

PICCINI, ALFREDO P
6600 CASTANEDA STREET
CORAL GABLES, FL 33146

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

PICCINI, CELIA A
6600 CASTANEDA STREET
CORAL GABLES, FL 33146

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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NAME

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: Alfredo Piccini
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE 4-15-08

TELEPHONE # 305-248-3000

STAPLE CHECK HERE