

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 AM 10:01

DOCUMENT # A07000000733



1. Entity Name
 THE GIACOBBE FAMILY LIMITED PARTNERSHIP, LTD.

Principal Place of Business
 500 NW FETTERBUSH WAY
 JENSEN BEACH, FL 34957

Mailing Address
 500 NW FETTERBUSH WAY
 JENSEN BEACH, FL 34957

2. Principal Place of Business - No P.O. Box #
 721 NW Sunset DR

3. Mailing Address
 P.O. Box 3041

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Stuart, FL

City & State
 Stuart, FL

Zip
 34994

Country
 USA

Zip
 34995

Country
 USA

01112008

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

NORMAN, KENNETH A
 2400 SE FEDERAL HIGHWAY, FOURTH FLOOR
 STUART, FL 34994

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

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

DATE

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

DOCUMENT # P05000050749
 NAME GIACOBBE MANAGEMENT, INC.
 STREET ADDRESS 500 NW FETTERBUSH WAY
 CITY-ST-ZIP JENSEN BEACH, FL 34957

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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500122771535
 04/10/08--01004--011 **500.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE