

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000000733

**FILED**  
**Jan 26, 2009**  
**Secretary of State**

**Entity Name:** THE GIACOBBE FAMILY LIMITED PARTNERSHIP, LTD.

**Current Principal Place of Business:**

721 NW SUNSET DR  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3041  
STUART, FL 34995

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

NORMAN, KENNETH A  
2400 SE FEDERAL HIGHWAY, FOURTH FLOOR  
STUART, FL 34994 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 #: P05000050749  
Name: GIACOBBE MANAGEMENT, INC.  
Address: 500 NW FETTERBUSH WAY  
City-St-Zip: JENSEN BEACH, FL 34957

**ADDRESS CHANGES ONLY:**

Address: 721 NW SUNSET DR  
City-St-Zip: STUART, FL 34994

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: GIACOBBE MANAGMENT INC

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

01/26/2009

\_\_\_\_\_  
Date