

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 28 AM 8:39

DOCUMENT # A07000000883

1. Entity Name
 THE ST AUGUSTINE FAMILY LIMITED PARTNERSHIP



Principal Place of Business 7027 W. BROWARD BLVD SUITE 234 PLANTATION, FL 33317	Mailing Address 7027 W. BROWARD BLVD SUITE 234 PLANTATION, FL 33317
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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

02052008 Chg-LP CR2E003 (12/06)

4. FEI Number 26-0552648	Applied For Not Applicable
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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

PESTANO, YVETTE
 7758 NW 44 ST
 SUNRISE, FL 33351

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, 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 #	MORCATE, SONIA 7027 W. BROWARD BLVD, #234 PLANTATION, FL 33317
NAME	
STREET ADDRESS CITY - ST - ZIP	

STREET ADDRESS	100120759991 03/19/08--01041--009 **500.00
CITY - ST - ZIP	

DOCUMENT #	MORCATE, CARLOS M 7027 W. BROWARD BLVD, #234 PLANTATION, FL 33317
NAME	
STREET ADDRESS CITY - ST - ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/12/08

Date

(9)9146918-

Daytime Phone #

STAPLE CHECK HERE