

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A10000000839

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** ALUISE FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1545 MARSH WREN LN  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

1545 MARSH WREN LN  
NAPLES, FL 34105

**New Mailing Address:**

**FEI Number:** 52-1932077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALUISE, JOSEPH R  
1545 MARSH WREN LN  
NAPLES, FL 34105 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 #:

Name: ALUISE, JOSEPH R  
Address: 1545 MARSH WREN LN  
City-St-Zip: NAPLES, FL 34105

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: ALUISE, LINDA  
Address: 1545 MARSH WREN LN  
City-St-Zip: NAPLES, FL 34105

Address:  
City-St-Zip:

I hereby 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: JOSEPH R. ALUISE

GP

04/28/2011

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

\_\_\_\_\_  
Date