

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A25692**

1. Entity Name  
POST OFFICE ASSOCIATES, L.L.P.



Principal Place of Business  
200 S. WASHINGTON BLVD., SUITE 8  
SARASOTA, FL 34236

Mailing Address  
200 S. WASHINGTON BLVD., SUITE 8  
SARASOTA, FL 34236



01032007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0023883

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

OLIVIERI, N.J.  
200 S. WASHINGTON BLVD., SUITE 8  
SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

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, 2007, Fee will be \$900.00**

000000658959  
03/16/07-80010-014 500.00

**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**

DOCUMENT # A05000002303  
NAME THE OLIVIERI FAMILY PARTNERSHIP, LTD.  
STREET ADDRESS 200 S. WASHINGTON BLVD., SUITE 8  
CITY-ST-ZIP SARASOTA, FL 34236

DOCUMENT # A96000002481  
NAME BAND FAMILY PARTNERSHIP, LTD  
STREET ADDRESS 240 S. PINEAPPLE AVENUE, 10TH FLOOR  
CITY-ST-ZIP SARASOTA, FL 34236

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

3/5/07

Date

941 365 0450

Daytime Phone #

STAPLE CHECK HERE