


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 JAN 15 PM 3:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A26263 1. Entity Name AZZARELLI ENTERPRISES, LTD.	
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Principal Place of Business 9000 NORTH 18TH STREET SUITE A TAMPA, FL 33604	Mailing Address 9000 NORTH 18TH STREET SUITE A TAMPA, FL 33604
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01032008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2886331	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AZZARELLI, THOMAS J
9000 N 18TH ST
SUITE A
TAMPA, FL 33604**

**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, 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 #	NAME	STREET ADDRESS	CITY - ST - ZIP
	KEESLER, JANET A	9000 - 18TH STREET NORTH	TAMPA, FL 33604
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	AZZARELLI, STEPHEN P	9000 - 18TH STREET NORTH	TAMPA, FL 33604
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	AZZARELLI, MICHAEL A	9000 - 18TH STREET NORTH	TAMPA, FL 33604
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	NALLS, JOAN	9000 - 18TH STREET NORTH	TAMPA, FL 33604
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	AZZARELLI, THOMAS J	9000 N 18TH ST SUTE A	TAMPA, FL 33604
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP

700115857377
01/23/08--01012--001 **500.00

**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

1/10/08

Date

813-935-9569

Daytime Phone #

STAPLE CHECK HERE