


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 10 AM 9:17

DOCUMENT #A28909 1. Entity Name RICHARD J. PERROTTA FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 207 KING ST NEW BERN, NC 28560			Mailing Address 207 KING ST NEW BERN, NC 28560		
2. Principal Place of Business - No P.O. Box # 1608 Emerald Lake DR		3. Mailing Address 1608 Emerald Lake DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MATTHEWS NC		City & State MATTHEWS NC		4. FEI Number 59-2964638	
Zip 28104		Country USA		Applied For Not Applicable	
Zip 28104		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOVAK, DAVID 849 20TH STREET VERO BEACH, FL 32960			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 #	NAME		STREET ADDRESS	1608 Emerald Lake Drive	
NAME	PERROTTA, RICHARD J		CITY-ST-ZIP	MATTHEWS NC 28104	
STREET ADDRESS	207 KING ST		STREET ADDRESS	1608 Emerald Lake Drive	
CITY-ST-ZIP	NEW BERN, NC 28560		CITY-ST-ZIP	MATTHEWS, NC 28104	
DOCUMENT #	NAME		STREET ADDRESS		
NAME	PERROTTA, MARY LYNN T		CITY-ST-ZIP		
STREET ADDRESS	207 KING ST		STREET ADDRESS		
CITY-ST-ZIP	NEW BERN, NC 28560		CITY-ST-ZIP		
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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: <u>RICHARD J. PERROTTA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			1/7/07 704-882-0375 <small>Date Daytime Phone #</small>		

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