


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A28909	
1. Entity Name RICHARD J. PERROTTA FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 1608 EMERALD LAKE DR MATTHEWS NC 28104	Mailing Address 1608 EMERALD LAKE DR MATTHEWS NC 28104
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E003 (10/07)
4. FEI Number 59-2964638	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 NOVAK, DAVID 849 20TH STREET VERO BEACH FL 32960	
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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 _____	DATE _____

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	
NAME	PERROTTA, RICHARD J	CITY-ST-ZIP	
STREET ADDRESS	1608 EMERALD LAKE DRIVE		
CITY-ST-ZIP	MATTHEWS NC 28104		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	PERROTTA, MARY LYNN T	CITY-ST-ZIP	
STREET ADDRESS	1608 EMERALD LAKE DRIVE		
CITY-ST-ZIP	MATTHEWS NC 28104		
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STREET ADDRESS			
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:  **RICHARD J. PERROTTA** **1/25/08** **704-882-0375**

STAPLE CHECK HERE