

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # A29285

1. Entity Name
PUPELLO INVESTMENTS, LTD.



Principal Place of Business
**1115 CULBREATH ISLES DRIVE NORTH
TAMPA, FL 33629**

Mailing Address
**1115 CULBREATH ISLES DRIVE NORTH
TAMPA, FL 33629**



03312008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2986267

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PUPELLO, JOSEPH
1115 CULBREATH ISLES DRIVE NORTH
TAMPA, FL 33629**

**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
**PUPELLO, JOSEPH C., SR.
601 S. DALE MABRY HWY
TAMPA, FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**PUPELLO, MARGARET L.
1115 CULBREATH ISL DR N
TAMPA, FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**PAPPAS, NANCY P.
601 S. DALE MABRY HWY
TAMPA, FL**

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

Date

Daytime Phone #

STAPLE CHECK HERE

Margaret L. Pupello

4-14-08