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

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # A29722**

1. Entity Name AUSTIN A. CARUSO, SR. FAMILY LIMITED **PARTNERSHIP** 



**FILED** Mar 23, 2007 08:00 A Secretary of State

Principal Place of Business

MR. AUSTIN A. CARUSO, SR. 1776 TURNBERRY TERRACE ORLANDO, FL 32804-6012

Mailing Address

MR. AUSTIN A. CARUSO, SR. 1776 TURNBERRY TERRACE ORLANDO, FL 32804-6012



01182007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3001545

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARUSO, AUSTIN A., SR. 1776 TURNBERRY TERRACE ORLANDO, FL 32804-6012		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			
	Signeture, typed or printed name of registered agent and title if applicable.  FILE NOWILL FEE IS \$500.00  After May 1, 2007, Fee will be \$900.00		DATE
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	AUSTIN A. CARUSO, SR. 1776 TURNBERRY TERRACE ORLANDO, FL. 328046012		U00000677083
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			03/30/07-80090-020 500.00
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DOCUMENT #

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME 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 Ilmited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: