


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB -8 PM 2:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT #A29722 1. Entity Name AUSTIN A. CARUSO, SR. FAMILY LIMITED PARTNERSHIP	
--	---

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
---	---



01242008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3001545	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	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	AUSTIN A. CARUSO, SR.
STREET ADDRESS	1776 TURNBERRY TERRACE
CITY-ST-ZIP	ORLANDO, FL 328046012
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700118071987
02/14/08--01045--003 **500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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>Austin A. Caruso, SR. FLP, GP.</u> 2/4/08	Date
AUSTIN A CARUSO SR	Daytime Phone #