

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A31633**

1. Entity Name  
**SAMUEL-JEAN ENTERPRISES, LTD.**



Principal Place of Business  
**161 BATHCLUB CIRCLE SOUTH  
NORTH REDINGTON BEACH, FL 33708**

Mailing Address  
**P.O. BOX 767  
KANKAKEE, IL 60901**



04022008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3072151**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**AZZARELLI, SAMUEL J.  
161 BATHCLUB CIRCLE SOUTH  
NORTH REDINGTON BEACH, FL 33708**

**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**

U00000897851  
04/25/08-80064-009 500.00

**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 **AZZARELLI, SAMUEL J.**  
STREET ADDRESS **161 BATHCLUB CIRCLE SOUTH**  
CITY-ST-ZIP **NORTH REDINGTON BEACH, FL 33708**

DOCUMENT #  
NAME **AZZARELLI, JEAN T.**  
STREET ADDRESS **161 BATHCLUB CIRCLE SOUTH**  
CITY-ST-ZIP **NORTH REDINGTON BEACH, FL 33708**

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

**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: Samuel J. Azzarelli**

*Samuel J. Azzarelli*

**4-10-08**

**815-937-8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE