

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 APR -7 AM 10:55

1. Name of Limited Partnership  
1a. DOCUMENT #  
A31816

THE GALLO FAMILY LIMITED PARTNERSHIP



Mailing Address  
2116 ST. ISABEL  
TAMPA FL 33607

Principal Office Address  
2116 ST. ISABEL  
TAMPA FL 33607

3. Date Formed or Registered  
07/22/1991

5a. Capital Contributions as  
Shown on record.  
\$2,000.00

3a. Date of Last Report  
01/05/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation  
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number  
59-3097644

☐ Applied For  
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

Zip Country

Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

GALLO, BRAD  
2116 ST. ISABEL  
TAMPA FL 33607

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

400002137434-9

04/09/97 01889-006

\*\*\*\*191.25 \*\*\*\*191.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

GALLO, BRAD

2116 ST. ISABEL

TAMPA FL 33607

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Brad A. Gallo, GP.

DATE

2/21/97

Typed or Printed Name of General Partner Signing Form

BRAD A. GALLO

Daytime Telephone Number

813-870-0811

CR2E003 (1/96)