

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

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT #A33581**

1. Entity Name  
**VALRICO PARTNERS, L.P., LTD.**



Principal Place of Business  
**280 HIGHWAY 35  
MIDDLETOWN, NJ 07701**

Mailing Address  
**280 HIGHWAY 35  
MIDDLETOWN, NJ 07701**



01112008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**22-3192858**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**COOLEY, PAUL  
1350 DOUGLAS DRIVE  
CLEARWATER, FL 33756**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number, if applicable)

City

**FL**

Zip Code

**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 # **P40910**  
NAME **TNG VALRICO CORP.**  
STREET ADDRESS **280 HIGHWAY 35**  
CITY-ST-ZIP **MIDDLETON, NJ**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

000000790925  
01/23/08-80053-015 500.00

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: *James Duffin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*1/11/08*

Date

*732-842-0559*

Daytime Phone #

STAPLE CHECK HERE