2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # A93000000922

1. Entity Name
LLANEZA ENTERPRISES, LTD.

Principal Place of Business	Mailing Address
5122 SAN JOSE TAMPA, FL 33629	5122 SAN JOSE TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

03272008 No Chg-LP CR2E003 (12/06)

4. FEI Number
59-3200491
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LLANEZA, FRANK A
5122 SAN JOSE
TAMPA, FL 33629

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2008, Fee will be $900.00

000000946342
05/30/08-80043-004 500.00

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	LLANEZA, FRANK A
STREET ADDRESS	5122 SAN JOSE
CITY-ST-ZIP	TAMPA, FL 33629
DOCUMENT #	
NAME	LLANEZA, DIANA
STREET ADDRESS	5122 SAN JOSE
CITY-ST-ZIP	TAMPA, FL 33629
DOCUMENT #	
NAME	BAKER, MARY FRANCES
STREET ADDRESS	3320 CARRINGTON STREET
CITY-ST-ZIP	TAMPA, FL 33611
DOCUMENT #	
NAME	HUDSON, RUTH L
STREET ADDRESS	5827 MARINER STREET
CITY-ST-ZIP	TAMPA, FL 33609
DOCUMENT #	
NAME	LLANEZA-JONES, CAROL J
STREET ADDRESS	5806 MARINER STREET
CITY-ST-ZIP	TAMPA, FL 33609
DOCUMENT #	
NAME	MCKOWN, LYNETTE L
STREET ADDRESS	4712 LAUREL ROAD
CITY-ST-ZIP	TAMPA, FL 33629

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: 5/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #