

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 15, 2007 08:00 A
Secretary of State

DOCUMENT # A94000001099 1. Entity Name THE FALTICENI FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 352 RIVER EDGE ROAD JUPITER, FL 33477	Mailing Address 352 RIVER EDGE ROAD JUPITER, FL 33477
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0573395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FALTICENI, DEMETRI
352 RIVER EDGE ROAD
JUPITER, FL 33477**

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, 2007, 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.

U00000637521
02/26/07-80064-010 500.00

12. GENERAL PARTNER INFORMATION

DOCUMENT #	
NAME	FALTICENI, DEMETRI
STREET ADDRESS	352 RIVER EDGE ROAD
CITY-ST-ZIP	JUPITER, FL 33477
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: Demetri P. Falticeni 02.13.07 561-747-5678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE