

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # A94000001680 |  |
| 1. Entity Name THE MATERA FAMILY LIMITED PARTNERSHIP | |

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|--|--|
| Principal Place of Business SOUTH SEAS CLUB, TOWER III, PH 1906 380 SEA VIEW COURT MARCO ISLAND FL 34145 | Mailing Address 17 6TH AVENUE SUITE 3A NEW YORK NY 10013 |
|--|--|



| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E003 (10/07)

| | |
|--|---|
| 4. FEI Number 65-0547502 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent MATERA, JOHN SOUTH SEAS CLUB, TOWER II, PH 1906 380 SEA VIEW COURT MARCO ISLAND FL 34145 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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 date if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 STREET ADDRESS CITY-ST-ZIP | MATERA, JOHN 380 SEA VIEW COURT, SOUTH SEAS CLUB MARCO ISLAND FL 34145 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | MATERA, MARGARET 380 SEA VIEW COURT, SOUTH SEAS CLUB MARCO ISLAND FL 34145 |
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| 13. ADDRESS CHANGES ONLY | |
|--------------------------|----------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | U00000804030 |
| CITY-ST-ZIP | 02/05/08-80049-026 508.75 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:  **John Matera** **1/25/08 212-966-9783**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dying Partner *

STAPLE CHECK HERE