

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000000802

1. Entity Name
 FRED & ASTRID ALESSI ENTERPRISES, LTD.



Principal Place of Business
 4701 WEST COMANCHE AVENUE
 TAMPA, FL 33614

Mailing Address
 4701 WEST COMANCHE AVENUE
 TAMPA, FL 33614



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALESSI, ALFRED S
 4701 WEST COMANCHE AVENUE
 TAMPA, FL 33614

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

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

DATE

9. Capital Contributions as Shown on record.

\$10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

1,021,300

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 ALESSI, ALFRED S
 STREET ADDRESS 4701 WEST COMANCHE AVENUE
 CITY-ST-ZIP TAMPA, FL 33614

DOCUMENT #
 NAME ALESSI, ASTRID
 STREET ADDRESS 4701 WEST COMANCHE AVENUE
 CITY-ST-ZIP TAMPA, FL 33614

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000000014376
 04/19/05-80015-014 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Astrid Alessi 2-005 813 287-2423
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #