2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

DOCUMENT # A96000002395

1. Entity Name

BUSCEMI FAMILY LIMITED PARTNERSHIP

FILED
2007 MAY 10 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
~~11314 WESTLAND CIRCLE~~ 2833 GALINDO CIRCLE ~~BOYNTON BEACH FL 33437~~ MELBOURNE FL 32940	~~11314 WESTLAND CIRCLE~~ 2833 GALINDO CIRCLE ~~BOYNTON BEACH FL 33437~~ MELBOURNE FL 32940

1st MOORE CR2E003 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2833 GALINDO CIRCLE	2833 GALINDO CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE FL	City & State: MELBOURNE FL
Zip: 32940 Country: BREVARD	Zip: 32940 Country: BREVARD

4. FEI Number: 65-0553990 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUSCEMI, IRNA ~~11314 WESTLAND CIRCLE~~ 2833 GALINDO CIRCLE ~~BOYNTON BEACH FL 33437~~ MELBOURNE FL 32940	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 title if applicable.

FILE NOW!!! Fee is $500. * After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000079318	STREET ADDRESS	
NAME	BUSCEMI HOLDINGS, INC.	CITY-ST-ZIP	800102533599
STREET ADDRESS	11314 WESTLAND CIRCLE		05/15/07--01043--021 **500.00
CITY-ST-ZIP	BOYNTON BEACH FL 33437		
DOCUMENT #		STREET ADDRESS	
NAME	IRNA BUSCEMI	CITY-ST-ZIP	
STREET ADDRESS	2833 GALINDO CIRCLE		
CITY-ST-ZIP	MELBOURNE FL 32940		
DOCUMENT #		STREET ADDRESS	
NAME	JOSEPH BUSCEMI	CITY-ST-ZIP	
STREET ADDRESS	2833 GALINDO CIRCLE		
CITY-ST-ZIP	MELBOURNE FL 32940		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: IRNA BUSCEMI Irna Buscemi 4/20/2007 321-609-9989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #