

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 8:39

DOCUMENT # A97000000022

1. Entity Name
COLANGELO FAMILY LIMITED PARTNERSHIP



Principal Place of Business
9130 SE 72ND AVENUE
OCALA, FL 34472

Mailing Address
9130 SE 72ND AVENUE
OCALA, FL 34472

DO NOT WRITE IN THIS SPACE

03292006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3423517

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAUEY, JEFFREY L
1721 SE 16TH AVE., STE. 101
OCALA, FL 34471

**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 _____

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

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME COLANGELO, ALBERT V
STREET ADDRESS 9130 SE 72ND AVNEUE
CITY-ST-ZIP Ocala, FL 34472

DOCUMENT #
NAME COLANGELO, ELIZABETH B
STREET ADDRESS 9130 SE 72ND AVNEUE
CITY-ST-ZIP Ocala, FL 34472

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

400074755994
05/17/06--01017--031 **100.00

**DO NOT WRITE
IN THIS SPACE**

400074755994
05/17/06--01017--032 **400.00

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: ALBERT COLANGELO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/2/06 352-245-0609
Date Daytime Phone #

STAPLE CHECK HERE