

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 APR 10 AM 10:06



1. Name of Limited Partnership

1a. DOCUMENT #
A97000000053

CARIATI FAMILY LIMITED PARTNERSHIP

Mailing Address

876 GULF PAVILLION #206
NAPLES FL 33963

Principal Office Address

876 GULF PAVILLION #206
NAPLES FL ~~33963~~
34108

3. Date Formed or Registered

12/30/1996

5a. Capital Contributions as
Shown on record

\$3,325,000.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date:

0

4. State or Country of Formation

FL

2. Mailing Address

507 BROWNSTONE RIDGE

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

MERIDEN CT

City & State

Zip Country

06451 USA

6. FEI Number

See Attached

☒ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**CARIATI, ANITA T
876 GULF PAVILLION #206
NAPLES FL ~~33963~~
34108**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL 34108

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

**CARIATI, ANITA T
DRAUSS, ELAIN C**

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**876 GULF PAVILLION #206
3 PRIMROSE LANE**

11b. City, State & Zip Code

**NAPLES FL 33963
MIDDLETOWN CT 06457**

11c. Registration/
Document Number

**600002144026--2
-04/15/97--01086--013
*****541.25 *****541.25**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Anita T. Cariati S.P.

DATE

3/20/96

Typed or Printed Name of General Partner Signing Form

ANITA T. CARIATI

Daytime Telephone Number

203-237-8604

CR2E003 (11/96)