

# **LIMITED PARTNERSHIP ANNUAL REPORT** **Due By May 1, 2005**

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000000053**

Entity Name  
**CARIATI FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**876 GULF PAVILLION #206**  
**NAPLES, FL 33963**

Mailing Address  
**507 BROWNSTONE RIDGE**  
**MERIDEN, CT 06451**



01072005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-6233916** Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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 title if applicable

9. Capital Contributions  
 as Shown on record. **\$3,325,000.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**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 #  
 NAME **CARIATI, ANITA T**  
 STREET ADDRESS **876 GULF PAVILLION #206**  
 CITY-ST-ZIP **NAPLES, FL 33963**

STREET ADDRESS  
 CITY-ST-ZIP  
**000000196451**  
**01/26/05-80071-004 526.25**

DOCUMENT #  
 NAME **DRAUSS, ELAIN C**  
 STREET ADDRESS **341 EDMARK ACRES**  
 CITY-ST-ZIP **MERIDEN, CT 06451**

STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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:** Elain Drauss  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/20/05 202-237-8004  
 Date Daytime Phone #

STAPLE CHECK HERE