


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006.**

DOCUMENT # A97000000053 1. Entity Name CARIATI FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 876 GULF PAVILLION #206 NAPLES FL 33963	Mailing Address 507 BROWNSTONE RIDGE MERIDEN CT 06451
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 10 AM 10:53



AS

1st MOORE CR2E003 (10/05)

4. FEI Number 65-6233916	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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, 2006, 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 # NAME STREET ADDRESS CITY-ST-ZIP	CARIATI, ANITA T 876 GULF PAVILLION #206 NAPLES FL 33963	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DRAUSS, ELAIN C 341 EDMARK ACRES MERIDEN CT 06451	STREET ADDRESS CITY-ST-ZIP	300068099893 03/20/06--01017--025 **526.25
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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: *Elain Drauss* **2/16/06** **203 237-8004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER