



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

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000053</b>					
1. Entity Name <b>CARIATI FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>876 GULF PAVILLION #206 NAPLES FL 33963</b>			Mailing Address <b>507 BROWNSTONE RIDGE MERIDEN CT 06451</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-6233916</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CARIATI, ANITA T 876 GULF PAVILLION #206 NAPLES FL 34108</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>					
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	CARIATI, ANITA T		CITY - ST - ZIP		
STREET ADDRESS	876 GULF PAVILLION #206				
CITY - ST - ZIP	NAPLES FL 33963				
DOCUMENT #	NAME		STREET ADDRESS	U00000660432	
NAME	DRAUSS, ELAIN C		CITY - ST - ZIP	03/19/07-80026-007 500.00	
STREET ADDRESS	341 EDGEMARK ACRES				
CITY - ST - ZIP	MERIDEN CT 06451				
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS					
CITY - ST - ZIP					
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:  <b>2/22/07 203-237-8001</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					

STAPLE CHECK HERE