


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

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000690</b>			
1. Entity Name <b>VISCONTI FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>2928 WELLINGTON CIRCLE, SUITE 201 TALLAHASSEE FL 32309</b>		Mailing Address <b>2928 WELLINGTON CIRCLE, SUITE 201 TALLAHASSEE FL 32309</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	
6. Name and Address of Current Registered Agent  <b>VISCONTI, FRANK L 2928 WELLINGTON CIRCLE, SUITE 201 TALLAHASSEE FL 32309</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	

1st MOORE CR2E003 (10/05)  
4. FEI Number **59-3448079** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



**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**

DOCUMENT #	<b>P96000089167</b>
NAME	<b>FLV, INC.</b>
STREET ADDRESS	<b>2928 WELLINGTON CIRCLE, SUITE 201</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32309</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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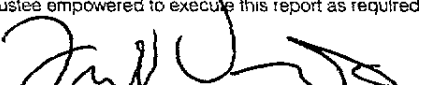
**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

4000000414771  
02/11/06-80051-010 500.00

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:**  **Frank Visconti** 1-23-06 850-468-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Overtime Phone #