

# **2004 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000001122

**FILED**  
**Apr 28, 2004**  
**Secretary of State**

**Entity Name:** GIOVANUCCI FAMILY PARTNERSHIP, LIMITED PARTNERSHIP

**Current Principal Place of Business:**

765 JOHN RINGLING BLVD., C38  
SARASOTA, FL 34236

**New Principal Place of Business:**

765 JOHN RINGLING BLVD.  
C38  
SARASOTA, FL 34236

**Current Mailing Address:**

1186 HYLAN BLVD.  
STATEN ISLAND, NY 10305

**New Mailing Address:**

1142 HYLAN BLVD.  
STATEN ISLAND, NY 10305

**FEI Number:** 65-0765199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GIOVANUCCI, ALDO  
765 JOHN RINGLING BLVD.  
C38  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 500.00

**Amount of Capital Contributions in Florida to date:** 500.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: GIOVANUCCI ENTERPRISES, INC.

Address: 765 JOHN RINGLING BLVD. C38

City-St-Zip: SARASOTA, FL 34236

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALDO GIOVANUCCI

GP

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date