

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000001123

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

1812 MARINER DRIVE, UNIT 139  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

1142 HYLAN BLVD.  
STATEN ISLAND, NY 10305

**New Mailing Address:**

FEI Number: 59-3455716

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MANGONE, LOUIS  
1812 MARINER DRIVE, UNIT 139  
TARPON SPRINGS, FL 34689 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

**GENERAL PARTNER INFORMATION:**

Document #: P97000044081  
Name: MANGONE ENTERPRISES, INC.  
Address: 1812 MARINER DRIVE, UNIT 139  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LOUIS MANGONE

PRES

01/15/2009

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

\_\_\_\_\_ Date