

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 04, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A97000002401**

1. Entity Name  
**RISOLA FAMILY LIMITED PARTNERSHIP III**



Principal Place of Business  
**57 CENTRAL COURT  
TARPON SPRINGS, FL 34689**

Mailing Address  
**57 CENTRAL COURT  
TARPON SPRINGS, FL 34689**



01112008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3477886**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RISOLA, SAMUEL JR.  
57 CENTRAL COURT  
TARPON SPRINGS, FL 34689**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**U00000847412**  
**03/19/08-80018-022 500.00**  
DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

**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 # **P96000086638**  
NAME **RISOLA FAMILY CORPORATION**  
STREET ADDRESS **57 CENTRAL COURT**  
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

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**DO NOT WRITE  
IN THIS SPACE**

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:** *Samuel Risola, Jr.* **SAMUEL RISOLA, JR.**

**2-20-08**

**(727) 939-8928**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE