

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY 13 AM 8:14

**DOCUMENT # A98000000573**



1. Entity Name  
 PESCE PROPERTIES, LTD.

Principal Place of Business  
 2875 PINE TREE DRIVE  
 MIAMI BEACH, FL 33140

Mailing Address  
 2875 PINE TREE DRIVE  
 MIAMI BEACH, FL 33140

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
 10598 NW SOUTH RIVER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122008

Chg-LP

CR2E003 (12/06)

City & State

City & State  
 MEDLEY, FL.

4. FEI Number  
 65-0816107

Applied For  
 Not Applicable

Zip

Country

Zip

33178

Country  
 USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PESCE-ELLIOTT, VICTORIA E  
 1930 N.E. 118 ROAD  
 NORTH MIAMI, FL 33181

Name Jeffrey R. MAZOE, ESA.

Street Address (P.O. Box Number is Not Acceptable)

4000 Hollywood Blvd, # 265-South

City Hollywood

FL

Zip Code 33021

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 date if applicable.

DATE

4/28/08

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000016264  
 NAME PESCE FAMILY CORPORATION  
 STREET ADDRESS 2875 PINE TREE DRIVE  
 CITY-ST-ZIP MIAMI BEACH, FL 33140

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS 100128789881  
 CITY-ST-ZIP 05/08/08 01009 001 \*\*250.00

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS 100128789881  
 CITY-ST-ZIP 05/08/08 01009 002 \*\*250.00

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Victoria P. Elliott

4/17/08

305-335-6661

Date

Daytime Phone #

victoria pesce Elliott

STAPLE CHECK HERE