

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A98000001427

1. Entity Name
TRASON FLORDIA LIMITED PARTNERS, LTD.



Principal Place of Business
3187 BELLEVUE AVENUE, A3
SYRACUSE, NY 13219

Mailing Address
3187 BELLEVUE AVENUE, A3
SYRACUSE, NY 13219

FILED

07 AUG -3 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07112007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3510462

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R ESQ.
1800 WEST HIBISCUS BOULEVARD, SUITE 138
MELBOURNE, FL 32901

**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

DATE

FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 # P98000034430
NAME TRASON FLORIDA ASSOCIATES, INC.
STREET ADDRESS 3187 BELLEVUE AVENUE, A3
CITY-ST-ZIP SYRACUSE, NY 13219

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700107547067
08/08/07--01045--009 **\$50.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/30/07 (315)487-0861
Date Daytime Phone #

STAPLE CHECK HERE