


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A98000001838 1. Entity Name THE BUONAURO FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 2801 EAST IRL O BRONSON HIGHWAY KISSIMMEE, FL 34744	Mailing Address 24 PINE STREET WINDERMERE, FL 34786
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DO NOT WRITE IN THIS SPACE

01162008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3537309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BUONAURO, FRANK A JR.
24 PINE STREET
WINDERMERE, FL 34786**

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 _____ DATE _____
Signature, type or printed name of registered agent and use if applicable.

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 # NAME STREET ADDRESS CITY - ST - ZIP	BUONAURO, FRANK A JR. 24 PINE ST. WINDERMERE, FL 34786
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	BUONAURO, JUDITH V 24 PINE ST WINDERMERE, FL 34786
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03/27/08-01001-017- #508.75

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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: *Frank A. Buonauri* **4-9-08** **407-876-3595**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



STAPLE CHECK HERE