

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000001870					
1. Entity Name THE GOLINO FAMILY LIMITED PARTNERSHIP					
Principal Place of Business P.O. BOX 642 PALM BEACH, FL 33480			Mailing Address P.O. BOX 642 PALM BEACH, FL 33480		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04112006 Chg-LP CR2E003 (11/05)	
4. FEI Number 65-0856410				Applied For ☐ Not Applicable	
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		
ANDRE GOLINO 245 SEMINOLE AVE PALM BEACH, FL 33480			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 typed or printed name of registered agent and date if applicable					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 #	P98000058752		STREET ADDRESS		
NAME	GOLINO & CO., INC.		CITY-ST-ZIP		
STREET ADDRESS	245 SEMINOLE AVE.				
CITY-ST-ZIP	PALM BEACH, FL 33480				
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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 authorized to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE <i>Andre Golino</i>			4/10/06 561-832-5382		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			DATE DAYTIME PHONE #		

STAPLE CHECK HERE

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