

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 26 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04202007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A98000001870</b> 1. Entity Name <b>THE GOLINO FAMILY LIMITED PARTNERSHIP</b>					
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 - No P.O. Box # <b>245 Seminole Ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P O Box 982</b> Suite, Apt. #, etc.			
City & State <b>Palm Beach, FL</b>		City & State <b>Palm Beach, FL</b>		4. FEI Number <b>65-0856410</b>	
Zip <b>33480</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANDRE GOLINO</b> <b>245 SEMINOLE AVE</b> <b>PALM BEACH, FL 33480</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	<b>L06000042886</b>		STREET ADDRESS		
NAME	<b>Frost, LLC</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>245 Seminole Ave.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Palm Beach, FL 33480</b>		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b>			<b>Andre Golino,</b> <b>General Partner</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <b>4-23-07</b> Daytime Phone # <b>561-832-5382</b>		

STAPLE CHECK HERE