

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

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 - No P.O. Box #
245 Seminole Ave.

3. Mailing Address
P O Box 982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Beach, FL

City & State
Palm Beach, FL

Zip
33480

Zip
33480

Country
USA

Country
USA

04202007 Chg-LP CR2E003 (12/06)

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



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

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2007, 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 #	L06000042886	STREET ADDRESS	
NAME	Frost, LLC	CITY-ST-ZIP	
STREET ADDRESS	245 Seminole Ave.	STREET ADDRESS	100-101-232471
CITY-ST-ZIP	Palm Beach, FL 33480	CITY-ST-ZIP	05/02/07--01049--017 **\$500.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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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

SIGNATURE:

*Andre Golino,
 General Partner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-23-07 501-632-5392
 Date Daytime Phone #

STAPLE CHECK HERE