## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A98000001895

7023 MONTRICO DRIVE

City-St-Zip: BOCA RATON, FL 33433

Address:

Entity Name: TAVILLA FAMILY LIMITED PARTNERSHIP

FILED Apr 17, 2007 Secretary of State

| Current Principal Place of Business:  |  |                                 | New Principal Place of Business:          |                                     |
|---|--|---------------------------------|---|-------------------------------------|
|   | TRICO DRIVE<br>ON, FL 33433            | 3                               |   |                                     |
| Current Mailing Address:  |  |                                 | New Mailing Address:                      |                                     |
|   | TRICO DRIVE<br>ON, FL 33433            | 3                               |   |                                     |
| FEI Number:   | 65-0876783                             | FEI Number Applied For ( )      | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )   |
| Name and Address of Current Registered Agent:   |  |                                 | Name and Address of New Registered Agent: |                                     |
|   | STEPHEN<br>TRICO DRIVE<br>ON, FL 33433 | 3 US                            |   |                                     |
| The above<br>in the State   |  | ubmits this statement for the p | ourpose of changing its registered        | office or registered agent, or both |
| SIGNATUR  | RE:                                    |                                 |   |                                     |
|   | Electron                               | c Signature of Registered Age   | ent                                       | Date                                |
| GENERAL PARTNER INFORMATION:  |  |                                 | ADDRESS CHANGES ONLY:                     |                                     |
| Document #:  Name: TAVILLA, STEPHEN  Address: 7023 MONTRICO DRIVE  City-St-Zip: BOCA RATON, FL 33433  Document #:  Name: TAVILLA CLAIRE |  | Address:<br>City-St-Zip:        |   |                                     |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN TAVILLA 04/17/2007