

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000002037		
1. Entity Name THE VARDINE FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 1800 PARK ST. N ST PETERSBURG FL 33710	Mailing Address 1800 PARK ST. N ST PETERSBURG FL 33710
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 14-1807270	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent VARDINE, VINCENT 1800 PARK ST. N ST PETERSBURG FL 33710		7. Name and Address of New Registered Agent	
		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 title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	
NAME	VARDINE, VINCENT	CITY-ST-ZIP	
STREET ADDRESS	1800 PARK ST. N		
CITY-ST-ZIP	ST PETERSBURG FL 33710		
DOCUMENT #		STREET ADDRESS	
NAME	MAMONE, BARBARA	CITY-ST-ZIP	
STREET ADDRESS	128 SHERMAN AVENUE		
CITY-ST-ZIP	TROY NY 12180		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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02/27/06-80014-013 500.00

STAPLE CHECK HERE

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: Barbara Mamone BARBARA MAMONE 2-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #