2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

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FILED Feb 05, 2007 08:00 AM Secretary of State DOCUMENT # A98000002037 1. Entity Namo THE VARDINE FAMILY LIMITED PARTNERSHIP Principal Placo of Business Mailing Addross 1800 PARK ST. N -- -- --1800 PARK ST. N ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #. otc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/06) City & Stato City & Stato Applied For 4. FEI Number 14-1807270 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VARDINE, VINCENT Street Address (P.O. Box Number is Not Acceptable) 1800 PARK ST. N ST PETERSBURG FL 33710 Zip Code 8. The above named ontity 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 obligation of registered agent. INCENT IN VARAINE 1-31-0 FILE NOW!!! Fee is \$500. After May 1, 2007, 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 ADDRESS CHANGES ONLY DOCUMENT # STRUCT ADDRESS NAME VARDINE, VINCENT STREET ADDRESS 1800 PARK ST. N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33710 DOCUMENT# U00000624380 STREET ADDRESS NAME 02/14/07-89030-008_500.00 MAMONE, BARBARA STRUCT ADDRESS 128 SHERMAN AVENUE CITY-ST-7IP CITY-ST-ZIP TROY NY 12180 DOCUMENT # STREET ADDRESS NAME STRLET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # 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 eath; 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.

Daytime Phone #