

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

FILED
Feb 05, 2007 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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E003 (10/06)

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

SIGNATURE Vincent M Vardine VINCENT M VARDINE 1-31-07
Signature, typed or printed name of registered agent and title if applicable. DATE

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	VARDINE, VINCENT	CITY-ST-ZIP	
CITY-ST-ZIP	1800 PARK ST. N ST PETERSBURG FL 33710		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	MAMONE, BARBARA	CITY-ST-ZIP	
CITY-ST-ZIP	128 SHERMAN AVENUE TROY NY 12180		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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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: Vincent M Vardine VINCENT M VARDINE 1-31-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE