2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 10 AM 9:18

DOCUMENT # A98000002791

1. Entity Name
SCABAROZI FAMILY PARTNERSHIP, LLLP

Principal Place of Business	Mailing Address
8515 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920	8515 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920

01062007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3540651 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, JONI S 8515 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920	Name: MITCHELL, Joni S. Street Address (P.O. Box Number is Not Acceptable): same same City: same 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: Joni S. Mitchell DATE: 1/7/07
Signature, typed or printed name of registered agent and title if applicable.

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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	DAUNNO, GILIA S 1837 CLARIDGE COURT MAITLAND, FL 32751	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	SMITH, JONI S TRUSTEE 8515 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920	STREET ADDRESS / CITY-ST-ZIP	500085014825 01/18/07--01037--022 **500.00
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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: Joni S. Smith Date: 1/6/07 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER