2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# A98000002791

Entity Name: SCABAROZI FAMILY PARTNERSHIP, LLLP

Current Principal Place of Business:

8515 N. ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

8515 N. ATLANTIC AVENUE
OFFICE LOT#26
CAPE CANAVERAL, FL 32920

Current Mailing Address:

8515 N. ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

New Mailing Address:

8515 N. ATLANTIC AVENUE
OFFICE LOT#26
CAPE CANAVERAL, FL 32920

FEI Number: 59-3540651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL, JONI S
8515 N. ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION:

Document #:
Name: DAUNNO, GILIA S
Address: 1837 CLARIDGE COURT
City-St-Zip: MAITLAND, FL 32751
Document #:
Name: MITCHELL, JONI S TRUSTEE
Address: 8515 N. ATLANTIC AVENUE
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JONI S. MITCHELL GP 04/16/2009

Electronic Signature of Signing General Partner Date