


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

FILED
Feb 06, 2006 08:00 AM
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # A98000002860 | |  |
| 1. Entity Name THE CIVITELLA FAMILY LIMITED PARTNERSHIP | | |

| | |
|---|---|
| Principal Place of Business 4557 COLLEEN STREET PORT CHARLOTTE FL 33952 | Mailing Address 4557 COLLEEN STREET PORT CHARLOTTE FL 33952 |
|---|---|



| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 65-0919600 | Applied For <input type="checkbox"/> Not Applicable |
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| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | | | |
|--|--|--|-------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CIVITELLA, THOMAS R 4557 COLLEEN STREET PORT CHARLOTTE FL 33952 | | 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.

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|---|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent will also be applicable.</small> | DATE _____ |
|---|------------|

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 # NAME STREET ADDRESS CITY-ST-ZIP | CIVITELLA, THOMAS R 4557 COLLEEN STREET PORT CHARLOTTE FL 33952 | STREET ADDRESS CITY-ST-ZIP | 000000424124 02/18/06-80035-010 500.00 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | CIVITELLA, CAROL J 4557 COLLEEN STREET PORT CHARLOTTE FL 33952 | STREET ADDRESS CITY-ST-ZIP | |
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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: Carol J Civitella **Feb 1, 2006 941-629-728**