


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

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT #</b> A98000002860 <b>1. Entity Name</b> THE CIVITELLA FAMILY LIMITED PARTNERSHIP	
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<b>Principal Place of Business</b> 4557 COLLEEN STREET PORT CHARLOTTE FL 39952	<b>Mailing Address</b> 4557 COLLEEN STREET PORT CHARLOTTE FL 39952
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
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<b>Suite, Apt. #, etc.</b>	<b>Suite, Apt. #, etc.</b>
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<b>City &amp; State</b>	<b>City &amp; State</b>
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<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
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<b>4. FEI Number</b> 65-0919600	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  CIVITELLA, THOMAS R 4557 COLLEEN STREET PORT CHARLOTTE FL 33952
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<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>City</b> <b>FL</b> <b>Zip Code</b>
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	
NAME	CIVITELLA, THOMAS R	CITY- ST- ZIP	
STREET ADDRESS	4557 COLLEEN STREET		
CITY- ST- ZIP	PORT CHARLOTTE FL 33952		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CIVITELLA, CAROL J	CITY- ST- ZIP	
STREET ADDRESS	4557 COLLEEN STREET		
CITY- ST- ZIP	PORT CHARLOTTE FL 33952		
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS			
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NAME		CITY- ST- ZIP	
STREET ADDRESS			
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:** Thomas R. Civitella **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**1 April 07** **941-6297287**  
Daytime Phone #



1st MOORE CR2E003 (10/06)

STAPLE CHECK HERE