

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000000274

1. Entity Name
THE CUPOLO FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**37 IROQUOIS TRAIL
ORMOND BEACH, FL 32174**

Mailing Address
**37 IROQUOIS TRAIL
ORMOND BEACH, FL 32174**



02222006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3562974

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CUPOLO, ANTHONY M JR.
37 IROQUOIS TRAIL
ORMOND BEACH, FL 32174**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

03/08/06-80082-002 500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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

DOCUMENT #	
NAME	CUPOLO, ANTHONY M JR.
STREET ADDRESS	37 IROQUOIS TRAIL
CITY- ST- ZIP	ORMOND BEACH, FL 32174
DOCUMENT #	
NAME	CUPOLO, GERMAINE
STREET ADDRESS	37 IROQUOIS TRAIL
CITY- ST- ZIP	ORMOND BEACH, FL 32174
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Anthony M Cupolo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/23/06

386-252-4214

Date

Daytime Phone #