

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

DOCUMENT # A99000001126

1. Entity Name  
FERLITA FAMILY LIMITED PARTNERSHIP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

08 FEB 26 AM 8: 53

Principal Place of Business  
4040 UPPER CREEK DR.  
SUN CITY CENTER, FL 33573

Mailing Address  
4040 UPPER CREEK DR.  
SUN CITY CENTER, FL 33573



**DO NOT WRITE IN THIS SPACE**

01092008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
59-3585099

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FERLITA, CONRAD C  
4040 UPPER CREEK DRIVE  
SUN CITY CENTER, FL 33573

**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

*Conrad C Ferlita*  
Signature, typed or printed name of registered agent and title if applicable.

1-08-08

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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           | FERLITA, CONRAD C         |
| STREET ADDRESS | 4040 UPPER CREEK DRIVE    |
| CITY-ST-ZIP    | SUN CITY CENTER, FL 33573 |
| DOCUMENT #     |                           |
| NAME           | Christopher C. Ferlita    |
| STREET ADDRESS | 4040 Upper Creek Dr       |
| CITY-ST-ZIP    | Sun City Center, FL 33573 |
| DOCUMENT #     |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| DOCUMENT #     |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| DOCUMENT #     |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

400118758674  
02/26/08--01001--018 \*\*500.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE