


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

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # A99000001524</b>                       |  |
| 1. Entity Name<br>BAROUDI FAMILY LIMITED PARTNERSHIP |   |

|   |   |
|---|---|
| Principal Place of Business<br>3222 TAMiami TRAIL<br>PORT CHARLOTTE, FL 33952 | Mailing Address<br>3222 TAMiami TRAIL<br>PORT CHARLOTTE, FL 33952 |
|---|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |



02052008 Chg-LP CR2E003 (12/06)

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent                       |  | 7. Name and Address of New Registered Agent        |  |
| EMERICH, GUY S ESQ.<br>115 WEST OLYMPIA AVE.<br>PUNTA GORDA, FL 33950 |  | 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.

SIGNATURE \_\_\_\_\_

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

000000842009  
03/11/08-80040-022 500.00

**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 |                       | 13. ADDRESS CHANGES ONLY |  |
|---------------------------------|-----------------------|--------------------------|--|
| DOCUMENT #                      | BAROUDI, ISSA F       | STREET ADDRESS           |  |
| NAME                            | 2 TROPICANA DRIVE     | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | PUNTA GORDA, FL 33950 |                          |  |
| CITY-ST-ZIP                     |                       |                          |  |
| DOCUMENT #                      | BAROUDI, LINA         | STREET ADDRESS           |  |
| NAME                            | 2 TROPICANA DRIVE     | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | PUNTA GORDA, FL 33950 |                          |  |
| CITY-ST-ZIP                     |                       |                          |  |
| DOCUMENT #                      |                       | STREET ADDRESS           |  |
| NAME                            |                       | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                       |                          |  |
| CITY-ST-ZIP                     |                       |                          |  |
| DOCUMENT #                      |                       | STREET ADDRESS           |  |
| NAME                            |                       | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                       |                          |  |
| CITY-ST-ZIP                     |                       |                          |  |
| DOCUMENT #                      |                       | STREET ADDRESS           |  |
| 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE