

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # B00000000146

1. Entity Name
THE STRIANESE FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**10 SEAVIEW BLVD.
PORT WASHINGTON, NY 11050**

Mailing Address
**10 SEAVIEW BLVD.
PORT WASHINGTON, NY 11050**



01042007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3437499

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, JOHN II
1645 PALM BEACH LAKES BLVD
SUITE 1200
WEST PALM BEACH, FL 33401**

**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 _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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
STREET ADDRESS
CITY - ST - ZIP
**STRIANESE, BERNADETTE
10 SEAVIEW BLVD
PORT WASHINGTON, NY 11050**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**CUSIMANO, RITA
10 SEAVIEW BLVD
PORT WASHINGTON, NY 11050**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

**U00000706079
04/24/07-80020-012 500.00**

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: Bernadette Strianese / BERNADETTE STRIANESE 4/10/2007 516-484-7220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE