

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

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B00000000217</b>			
1. Entity Name <b>MUTTI FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>2106 NE 15 STREET FT LAUDERDALE FL 33304</b>		Mailing Address <b>2106 NE 15 STREET FT LAUDERDALE FL 33304</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>MUTTI, LAURA 213 S SEACREST CIRCLE DELRAY BEACH FL 33444</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____		DATE _____	

1st MOORE

CR2E003 (10/06)

4. FEI Number **88-0463552** Applied For  
Not Applicable

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

**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 #		STREET ADDRESS	
NAME	<b>MUTTI, FRANCESCO</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2106 NE 15TH ST.</b>		
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>		
DOCUMENT #		STREET ADDRESS	<b>000000748155</b>
NAME		CITY-ST-ZIP	<b>05/17/07-80051-024 500.00</b>
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			
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:** *FRANCESCO MUTTI*  
*Francesco Mutti*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*27 APR 07* *954 394 1630*  
Date Daytime Phone #

STAPLE CHECK HERE