

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

DOCUMENT # B02000000181

1. Entity Name  
 SIRAGUSA ENTERPRISES, L.P.



FILED

07 JUN 13 AM 9:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 226 SOUTH BEACH  
 HOBE SOUND, FL 33475

Mailing Address  
 226 SOUTH BEACH  
 HOBE SOUND, FL 33475

2. Principal Place of Business - No P.O. Box #  
 224 S. BEACH RD.  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. Box 1411  
 Suite, Apt. #, etc.



06072007 Chg-LP CR2E003 (12/06)

City & State  
 HOBE SOUND, FL  
 Zip 33455 Country USA

City & State  
 HOBE SOUND, FL  
 Zip 33475 Country USA

4. FEI Number 73-1642637 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 14, 2007, Fee will be \$1000.00**

**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 # F02000002560  
 NAME SIRAGUSA HOLDINGS, INC.  
 STREET ADDRESS 226 SOUTH BEACH  
 CITY-ST-ZIP HOBE SOUND, FL 33475

13. ADDRESS CHANGES ONLY

STREET ADDRESS 224 S. BEACH RD.  
 CITY-ST-ZIP HOBE SOUND, FL 33455

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
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 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:

*John Siragusa*

John Siragusa 6/7/07

(772) 545-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE