2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # B0300000309

1. Entity Name

THE CARMELO J. NATOLI FAMILY PARTNERSHIP, L.P.



Principal Place of Business

18841 CLIFF VIEW LANE CHESTERFIELD, MO 63005 Mailing Address

18841 CLIFF VIEW LANE CHESTERFIELD, MO 63005 FILED Apr 26, 2007 08:00 AM Secretary of State



04172007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
43-1790511

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NATOLI, CARMELO J 26107 FAWNWOOD COURT BONITA SPRINGS, FL 34134

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	ove named entity submits this statement for the purpose of changing gations of registered agent.	its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATUR			
Signature, typed or printed name of registered agent and little if applicable		DATE	
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$8		
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 NATOLI, CARMELO J TRUSTEE STREET ADDRESS 18841 CLIFF VIEW LANE CITY-ST-ZIP CHESTERFIELD, MO 63005 DOCUMENT # NAME NATOLI, CARMELO J TRUSTEE STREET ADDRESS 18841 CLIFF VIEW LANE CITY ST-ZIP CHESTERFIELD, MO 63005 DOCUMENT # STREET ADDRESS CITY-ST-ZIP

U00000735246 p5/10/07-80025-018 500.00

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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 filect 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:

DOCUMENT / NAME STREET ADDRESS CITY-SI-ZIP

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT *
NAME
STHEET ADDRESS

CHECK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/2007

36-924-8900