

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 JUL 27 AM 9:05

DOCUMENT # B05000000279 1. Entity Name YOCCANUCCI FLP, LTD.			
Principal Place of Business 76 WALNUT WOODS GAHANNA, OH 43230		Mailing Address 76 WALNUT WOODS GAHANNA, OH 43230	
2. Principal Place of Business 76 Walnut Woods Ct Suite, Apt. #, etc.		3. Mailing Address 76 Walnut Woods Ct Suite, Apt. #, etc.	
City & State GAHANNA Ohio		City & State GAHANNA Ohio	
Zip 43230		Country USA	
Zip 43230		Country USA	
4. FEI Number 20-2514419		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCARLETT, DONALD W JR 2940 S. TAMiami TRAIL SARASOTA, FL 34239		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 # NAME STREET ADDRESS CITY-ST-ZIP	ANTENUCCI, JOHN F 76 WALNUT WOODS GAHANNA, OH 43230	STREET ADDRESS CITY-ST-ZIP	76 Walnut Woods Ct GAHANNA, Ohio 43230
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	YOCCA, PATRICIA A 76 WALNUT WOODS GAHANNA, OH 43230	STREET ADDRESS CITY-ST-ZIP	76 Walnut Woods Ct GAHANNA, Ohio 43230
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS 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: <i>Patricia A. Yocca</i>		PATRICIA A. YOCCA 7/18/06	
SIGNATURE: <i>John F. Antenucci</i>		JOHN F. ANTENUCCI 7/18/06	

STAPLE CHECK HERE

500078285155
 08/02/06 01065-007 **\$500.00

614-476-9828