


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May.1, 2008**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # B05000000279</b> 1. Entity Name YOCCANUCCI FLP, LTD.	
--	---

Principal Place of Business 76 WALNUT WOODS CT GAHANNA, OH 43230	Mailing Address 76 WALNUT WOODS CT GAHANNA, OH 43230
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



02272008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
20-2514419

Applied For  
Not Applicat

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

<b>6. Name and Address of Current Registered Agent</b>  SCARLETT, DONALD W JR 2940 S. TAMiami TRAIL SARASOTA, FL 34239
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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, 2008, 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	ANTENUCCI, JOHN F 76 WALNUT WOODS CT GAHANNA, OH 43230
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	YOCCA, PATRICIA A 76 WALNUT WOODS CT GAHANNA, OH 43230
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

U000000845811  
03/18/08-80003-001 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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