

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 21 PM 3:51

DOCUMENT # A0000000922
1. Entity Name
JC. LINN ENTERPRISES, LTD.



Principal Place of Business Mailing Address
4601 WEST COMANCHE AVENUE 4601 WEST COMANCHE AVENUE
TAMPA FL 33614-5428 TAMPA FL 33614-5428



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
16611 WILLOW CREEK DR. P.O. BOX 270392
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E003 (10/07)

City & State City & State
ODDESSA, TX TAMPA, FL
Zip Country Zip Country
33550 U.S.A. 33688 U.S.A.

4. FEI Number 59-3653699 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHANNON, JEFFERY C
501 EAST KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

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 04/21/08--01004--019 **500.00

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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 #	P00000054468	STREET ADDRESS	P.O. BOX 270392
NAME	JC. LINN PROPERTY MANAGEMENT, INC.	CITY-ST-ZIP	TAMPA, FL 33688
STREET ADDRESS	4601 WEST COMANCHE AVENUE		
CITY-ST-ZIP	TAMPA FL 33614-5428		
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STREET ADDRESS			
CITY-ST-ZIP			

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.
SIGNATURE: _____ DATE 4/4/08 (813) 926-7699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER