


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILING
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 9:46

DOCUMENT # A00000001363

1. Entity Name
 GARAK FLP, LTD.



Principal Place of Business
 1006 KIMBERLY LANE
 LYNN HAVEN, FL 32444

Mailing Address
 1006 KIMBERLY LANE
 LYNN HAVEN, FL 32444

2. Principal Place of Business - No P.O. Box #
 1022 Sunset Ln
 Suite, Apt. #, etc.


3. Mailing Address
 1022 Sunset Ln
 Suite, Apt. #, etc.

City & State
 Lynn Haven

City & State
 Lynn Haven

Zip 32444 Country Bay

Zip 32444 Country Bay



04062008 Chg-LP CR2E003 (12/06)

4. FEI Number
 59-3670091

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BABER, GEORGE LARRY JR
 1006 KIMBERLY LANE
 LYNN HAVEN, FL 32444

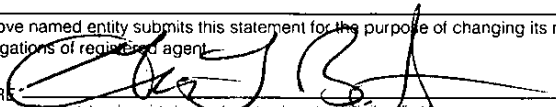
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1022 Sunset Ln

City Lynn Haven FL Zip Code 32444

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: 4/4/08

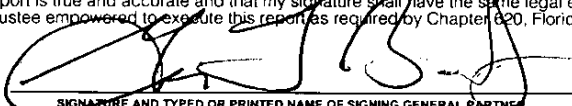
FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000075831	STREET ADDRESS	1022 Sunset Ln
NAME	GARAK INVESTMENTS, INC.	CITY-ST-ZIP	Lynn Haven FL 32444
STREET ADDRESS	1006 KIMBERLY LANE		
CITY-ST-ZIP	LYNN HAVEN, FL 32444		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	700123067527 04/11/08--01042--023 **508.75
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER