

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A00000001538 1. Entity Name THE ULLMAN FAMILY LIMITED PARTNERSHIP, LLLP	
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Principal Place of Business 1316 SOUTH HIGHLAND PARK DRIVE LAKE WALES, FL 33898-7426	Mailing Address 1316 SOUTH HIGHLAND PARK DRIVE LAKE WALES, FL 33898-7426
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DO NOT WRITE IN THIS SPACE



04242008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3674010	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ULLMAN, DAVID C 1316 SOUTH HIGHLAND PARK DRIVE LAKE WALES, FL 33853

DO NOT WRITE IN THIS SPACE

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 _____
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FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	
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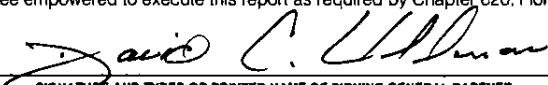
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ULLMAN, DAVID C 1316 SOUTH HIGHLAND PARK DRIVE LAKE WALES, FL 33898
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ULLMAN, JUNE C 1316 SOUTH HIGHLAND PARK DRIVE LAKE WALES, FL 33898
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U00000930769
05/21/08-80122-014 500.00

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	4/23/08 Date	863-676-7981 Daytime Phone #
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STAPLE CHECK HERE