


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

**FILED
Apr 16, 2008 08:00 AM
Secretary of State**

DOCUMENT # A0100000215	
1. Entity Name G.F. AND MARY ELLEN WARD FAMILY LIMITED PARTNSHIP	

Principal Place of Business 2082 WARD'S OFFICE LANE AVON PARK, FL 33825	Mailing Address P.O. BOX 850 AVON PARK, FL 33825
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0700789	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

WARD, MARCIA L
2082 WARD'S OFFICE LANE
AVON PARK, FL 33825

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

U00000901857
04/29/08-80085-024 500.00

**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	BARBER, DEBORAH A 2082 WARD'S OFFICE LANE AVON PARK, FL 33825
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WARD, MARCIA L 2082 WARD'S OFFICE LANE AVON PARK, FL 33825
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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: *Marcia L. Ward* **MARCIA L. WARD** **4/9/08** **863/453-6631**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE