2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000000746

1. Entity Name
TWO CORNERS LIMITED PARTNERSHIP, LLLP

Principal Place of Business	Mailing Address
4622 GALL BLVD. ZEPHYRHILLS, FL 33541-6237	P.O. BOX 9005 ZEPHYRHILLS, FL 33539-9005

DO NOT WRITE IN THIS SPACE

01082008 No Chg-LP CR2E003 (12/06)

4. FEI Number
20-1097072
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LINVILE, TERRY
4622 GALL BLVD.
ZEPHYRHILLS, FL 33541-6237

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

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	LINVILLE, TERRY
STREET ADDRESS	4622 GALL BLVD.
CITY-ST-ZIP	ZEPHYRHILLS, FL 335416237
DOCUMENT #	
NAME	LINVILLE, DANNY
STREET ADDRESS	4622 GALL BLVD.
CITY-ST-ZIP	ZEPHYRHILLS, FL 335416237
DOCUMENT #	
NAME	LINVILLE, JAY
STREET ADDRESS	4622 GALL BLVD.
CITY-ST-ZIP	ZEPHYRHILLS, FL 335416237
DOCUMENT #	
NAME	LINVILLE, TIMOTHY
STREET ADDRESS	4622 GALL BLVD.
CITY-ST-ZIP	ZEPHYRHILLS, FL 335416237
DOCUMENT #	
NAME	LINVILLE, ANTHONY
STREET ADDRESS	4622 GALL BLVD.
CITY-ST-ZIP	ZEPHYRHILLS, FL 335416237
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/26/08-80071-003 500.00

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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: Terry Linville TERRY LINVILLE 02/12/08 813-782-1521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #