


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 4:38

DOCUMENT # A06000000385

1. Entity Name
 J.T. REEDER PARTNERS, LLLP



Principal Place of Business
 10608 U.S. 41 NORTH
 PALMETTO, FL 34221

Mailing Address
~~P.O. BOX 554
 PALMETTO, FL 34220~~

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
 601 12th ST. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 BRADENTON, FL

Zip
 34205

Country
 MANATEE



01082008 Chg-LP CR2E003 (12/06)

4. FEI Number
 20-8354466

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
QUINLAN, JOHN V ESQ 601 12TH STREET WEST BRADENTON, FL 34205		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 _____
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P06000140315 J.T. REEDER, INC. P.O. BOX 554 PALMETTO, FL 34220	STREET ADDRESS	200121254962
		CITY-ST-ZIP	03/25/08--01056--021 **350.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	200121254962
		CITY-ST-ZIP	03/25/08--01056--022 **150.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS 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: Clark Reeder Clark Reeder 1/14/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #