


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 APR 15 AM 11:46

DOCUMENT # A07000000451

1. Entity Name
 HOLT VILLAGE PARTNERSHIP, LLLP



Principal Place of Business
 220 SENECA TRAIL
 CRESTVIEW, FL 32536

Mailing Address
 220 SENECA TRAIL
 CRESTVIEW, FL 32536

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

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



03202008 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSELL, DAVID A
 220 SENECA TRAIL
 CRESTVIEW, FL 32536

7. Name and Address of New Registered Agent

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 #	DEAN, DARLENE	STREET ADDRESS	
NAME	829 HOLBROOK LANE	CITY-ST-ZIP	300123500513
STREET ADDRESS	FT WALTON BEACH, FL 32548		04/15/08--01010--002 **500.00
CITY-ST-ZIP			
DOCUMENT #	WHEAT, JAMES A	STREET ADDRESS	
NAME	275 4TH AVE.	CITY-ST-ZIP	
STREET ADDRESS	CRESTVIEW, FL 32536		
CITY-ST-ZIP			
DOCUMENT #	RUSSELL, DAVID A	STREET ADDRESS	
NAME	220 SENECA TRAIL	CITY-ST-ZIP	
STREET ADDRESS	CRESTVIEW, FL 32536		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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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: David A. Russell 4/10/08 682-3073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #