

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008


FILED

08 APR 21 PM 3:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A07000001320

1. Entity Name
 NEFFGEN FAMILY LLLP



Principal Place of Business
 166 EAGLES CREST WAY
 LAKE LURE, NC 28746

Mailing Address
 166 EAGLES CREST WAY
 LAKE LURE, NC 28746



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

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

City & State

04042008 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

B & C CORPORATE SERVICES OF CENTRAL FLORIDA
 390 N. ORANGE AVE., SUITE 1400
 ORLANDO, FL 32801


7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

B. 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 #	NEFFGEN, ALFRED V TRUSTEE	STREET ADDRESS	
NAME	166 EAGLES CREST WAY	CITY-ST-ZIP	800123941328 04/17/08--01057--006 **500.00
STREET ADDRESS	LAKE LURE, NC 28746		
CITY-ST-ZIP			
DOCUMENT #	NEFFGEN, ANNINA VAIRO TRUSTEE	STREET ADDRESS	
NAME	166 EAGLES CREST WAY	CITY-ST-ZIP	
STREET ADDRESS	LAKE LURE, NC 28746		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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:  ALFRED V. NEFFGEN x 4/14/08 828-625-8088

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

STAPLE CHECK HERE