


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUL -3 PM 12:29

DOCUMENT # A94000001372 1. Entity Name TOURTELOT PROPERTIES LIMITED PARTNERSHIP	
---	---

Principal Place of Business C/O MONTA M. TOURELOT 516 - 55TH AVENUE ST. PETERSBURG BEACH, FL 33706	Mailing Address C/O MONTA M. TOURELOT 516 - 55TH AVENUE ST. PETERSBURG BEACH, FL 33706
---	---



04222008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3264314	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

TOURTELOT, MONTA M
 516 - 55TH AVENUE
 ST. PETERSBURG BEACH, FL 33706

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

700132922177
 07/15/08--01007--014 **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 #	04200900055 940800004155
NAME	TOURTELOT PARTNERSHIP
STREET ADDRESS	516 - 55TH AVENUE
CITY-ST-ZIP	ST. PETERSBURG BEACH, FL 33706
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

Lee

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: *Monta Tourelot* P.O. Agent for Monta Tourelot 4/25/08 (927) 345-0376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #