


LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000001109

1. Entity Name
ABLEIDINGER FAMILY LIMITED PARTNERSHIP



Principal Place of Business 19520 GULF BLVD SUITE 601 INDIAN SHORES, FL 33785	Mailing Address 19520 GULF BLVD SUITE 601 INDIAN SHORES, FL 33785
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3450672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ABLEIDINGER, ROBERT J
 19520 GULF BLVD
 SUITE 601
 INDIAN SHORES, FL 33785**

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	ABLEIDINGER, ROBERT J
STREET ADDRESS	19520 GULF BLVD #601
CITY-ST-ZIP	INDIAN SHORES, FL 33785
DOCUMENT #	
NAME	ABLEIDINGER, SUSAN
STREET ADDRESS	19520 GULF BLVD #601
CITY-ST-ZIP	INDIAN SHORES, FL 33785
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

UD0000775315
 01/08/08-80024-014 500.00

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: *Robert J. Ableidinger* **1/3/08** **813 486-3888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #