

**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Jan 18, 2008 08:00 AM
Secretary of State**

DOCUMENT # A97000001232
1. Entity Name
WELLS FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**1600 U.S. 27 S.
AVON PARK, FL 33825**

Mailing Address
**PO BOX 820
AVON PARK, FL 33826**

DO NOT WRITE IN THIS SPACE



01142008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0760064	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
**WELLS BROTHERS INVESTMENTS, INC.
1600 U.S. 27 S.
AVON PARK, FL 33825**

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, and accept the obligations of registered agent. **FILED 01/23/08 80005-015 500.00**

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 #	P97000029196
NAME	WELLS BROTHERS INVESTMENTS, INC.
STREET ADDRESS	1600 U.S. 27 S.
CITY-ST-ZIP	AVON PARK, FL 33825
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

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:  **1-15-08** **813-453-6644**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED GENERAL PARTNER Date Daytime Phone #