


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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 11 PM 3:57

**DOCUMENT # A97000001295**

1. Entity Name  
 COX FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
 7015 PROFESSIONAL PKWY E  
 SARASOTA, FL 34240

Mailing Address  
 7015 PROFESSIONAL PKWY. E.  
 SARASOTA, FL 34240

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



03132008 Chg-LP CR2E003 (12/06)

4. FEI Number  
 65-0763479

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

COX, JOHN J  
 7015 PROFESSIONAL PKWY. E.  
 SARASOTA, FL 34240

7. Name and Address of New Registered Agent

Name  
 COX III, JOHN J

Street Address (P.O. Box Number is Not Acceptable)  
 7015 PROFESSIONAL PARKWAY EAST

City  
 SARASOTA FL Zip Code  
 34240

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

500122865685  
 04/10/08--01016--001 \*\*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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000051969  
 NAME BROTHERS THREE OF SARASOTA, INC.  
 STREET ADDRESS 7015 PROFESSIONAL PKWY. E.  
 CITY-ST-ZIP SARASOTA, FL 34240

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE