

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000001801 1. Entity Name WILCOX FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 12355 OAKS LANE SEMINOLE, FL 33772	Mailing Address 12355 OAKS LANE SEMINOLE, FL 33772
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DO NOT WRITE IN THIS SPACE



02192008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3464472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRANK, GODDARD W
4320 CENTRAL AVENUE
ST. PETERSBURG, FL 33711**

**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

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

U000000842018
03/11/08-80010-028 500.00
DATE

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	SCOTT, LEWIS A TRUSTEE
STREET ADDRESS	12355 OAKS LANE
CITY - ST - ZIP	SEMINOLE, FL 33772
DOCUMENT #	
NAME	SCOTT, DIANE J
STREET ADDRESS	12355 OAKS LANE
CITY - ST - ZIP	SEMINOLE, FL 33772
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**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE