


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

<b>DOCUMENT # A00000000128</b> 1. Entity Name PAYNE FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 1060 LAKE SUMTER LANDING THE VILLAGES, FL 32162		Mailing Address P.O. BOX 490208 LEESBURG, FL 34749-0208			
2. Principal Place of Business - No P.O. Box # 3676 NC Hwy 194 S. Suite, Apt. #, etc.		3. Mailing Address 1060 Lake Sumter Landing Suite, Apt. #, etc.			
City & State Sugar Grove, NC Zip 28679		City & State The Villages, FL Zip 32162		Country USA	

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:34



04162008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3618330		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent  TAYLOR, LAWRENCE E 103 NORTH LEE STREET LEESBURG, FL 24748		7. Name and Address of New Registered Agent Name Citizens First Trust Company, LLC Street Address (P.O. Box Number is Not Acceptable) 1060 Lake Sumter Landing  City The Villages FL Zip Code 32162	
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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 *Ray W. Dan* President of Citizens First Trust Company, LLC 4/18/2008  
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**

**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 #	CARR, WILLIAM J TRUSTEE	STREET ADDRESS	700127253167
NAME	3676 NC HWY 194 S.	CITY-ST-ZIP	04/30/08--01011--024 **508.00
STREET ADDRESS	SUGAR GROVE, NC 28679	CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		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: *Ray W. Dan* President of Citizens First Trust Company LLC  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

866-751-2199