2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A0000000142

1. Entity Name

HOLLY RIDGE LIMITED PARTNERSHIP



FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

247 NORTH WESTMONTE DRIVE : ALTAMONTE SPRINGS, FL 32714

247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714



(407) 772-0200

Daytime Phone 4

04/25/08

DO NOT WRITE IN THIS SPACE

03182008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3672304

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTOLO, W. TERRY ESQ. 301 E. PINE ST., STE 1400 ORLANDO, FL 32801

STAPLE CHECK HERE

SIGNATURE:

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		
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 #	L0000000719	
NAME	PICERNE HOLLY RIDGE, LLC	·
STREET ADDRESS	247 NORTH WESTMONTE DRIVE	######################################
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
DOCUMENT #		
NAME		
STREET ADDRESS		•
CITY-SI-ZIP		
DOCUMENT #		
NAME		DO NOT WOITE
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		IN THE COACE
DOCUMENT#		IN THIS SPACE
NAME		
STREET ADDRESS		*
CITY-ST-ZIP		
DOCUMENT#		
NAME		
STREET ADDRESS		
CITY-ST-7IP		,
DOCUMENT#		
NAME		,
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

RE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jan Heflinger