


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

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A00000000205</b> 1. Entity Name <b>COUNTY MAYO LIMITED PARTNERS</b>	
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Principal Place of Business <b>C/O CHECKTRAC, INC. 2933 SOUTH FLORIDA AVE., STE. #4 LAKELAND, FL 33803</b>	Mailing Address <b>C/O CHECKTRAC, INC. 2933 SOUTH FLORIDA AVE., STE. #4 LAKELAND, FL 33803</b>
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02062008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>74-2951665</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SCHARAR, TOM E C/O CHECKTRAC, INC. 2933 SOUTH FLORIDA AVE., STE. #4 LAKELAND, FL 33803</b>
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**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 \_\_\_\_\_ 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 #	<b>539447</b>
NAME	<b>CHECKTRAC, INC.</b>
STREET ADDRESS	<b>2933 SOUTH FLORIDA AVE., STE. #4</b>
CITY-ST-ZIP	<b>LAKELAND, FL 33803</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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04/25/08-80075-012 500.00

**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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

863  
✓ 4-10-8 ✓ 687-4663

STAPLE CHECK HERE