


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # A00000000286	
1. Entity Name VARNADOE LIMITED PARTNERSHIP	

Principal Place of Business 303 LAKE HOLLINGSWORTH DRIVE LAKELAND, FL 33801	Mailing Address 303 LAKE HOLLINGSWORTH DRIVE LAKELAND, FL 33801
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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



01082008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3706152	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VARNADOE, GLEN R 303 LAKE HOLLINGSWORTH DRIVE LAKELAND, FL 33801		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 date 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	VARNADOE, GLEN R 303 LAKE HOLLINGSWORTH DRIVE LAKELAND, FL 33801	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP		STREET ADDRESS	000000816932
		CITY - ST - ZIP	02/14/08-80073-006 508.75
		STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		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: *G.P. Varnadoe* **G.P.** 1/28/2008 **863-686-5331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE