

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 12 AM 8:41

DOCUMENT # A00000000408

1. Entity Name  
VIRGINIA LENORA TREVENA, LTD.



Principal Place of Business  
2719 FOREST CLUB DRIVE  
PLANT CITY, FL 33567

Mailing Address  
2719 FOREST CLUB DRIVE  
PLANT CITY, FL 33567



02132008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
59-3629609

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CHRISTIE, PIERCE  
2719 FOREST CLUB DRIVE  
PLANT CITY, FL 33567

**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.

600120725616  
03/19/08--01024--017 \*\*\$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  
STREET ADDRESS  
CITY-ST-ZIP  
CHRISTIE, PIERCE  
2719 FOREST CLUB DRIVE  
PLANT CITY, FL 33567

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CHRISTIE, HILDA  
2719 FOREST CLUB DRIVE  
PLANT CITY, FL 33567

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Pierce Christie General Partner* PIERCE CHRISTIE 2/25/08-8137520611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

GENERAL PARTNER

STAPLE CHECK HERE