

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000001060

**FILED**  
**Feb 04, 2008**  
**Secretary of State**

**Entity Name:** HOBBS FAMILY PARTNERSHIP, LLLP

**Current Principal Place of Business:**

2258 MONAGHAN DRIVE  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

**Current Mailing Address:**

2258 MONAGHAN DRIVE  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number:** 59-3658515

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOBBS, WILLIAM M  
2258 MONAGHAN DRIVE  
TALLAHASSEE, FL 32309 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: HOBBS, PATRICIA M TRUSTEE  
Address: 372 CAROLINA MEADOWS VILLA  
City-St-Zip: CHAPEL HILL, NC 27517

Document #:

Name: HOBBS, WILLIAM M TRUSTEE  
Address: 2258 MONAGHAN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Document #:

Name: HOBBS, WILLIAM M  
Address: SAME PERSON AS ABOVE  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM M. HOBBS

GP

02/04/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date