


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

FILED
Sep 09, 2008 08:00 AM
Secretary of State

DOCUMENT # A00000001083 1. Entity Name THE SARAH R. COLGROVE FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 10087 PEBBLE RIDGE DRIVE N JACKSONVILLE, FL 32220	Mailing Address 10087 PEBBLE RIDGE DRIVE N JACKSONVILLE, FL 32220
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DO NOT WRITE IN THIS SPACE



08282008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3655585	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLEMAN, C. RANDOLPH 9250 BAYMEADOWS RD, STE 230 JACKSONVILLE, FL 32256
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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FILE NOW!!! FEE IS \$500.00 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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	COLGROVE, SARAH R
STREET ADDRESS	10087 PEBBLE RIDGE DRIVE N
CITY-ST-ZIP	JACKSONVILLE, FL 32220
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000959224
09/09/08-80002-011 500.00

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: <i>John B. Colgrove / John B. Colgrove</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<i>09/05/08</i> <small>Date</small>	<i>(904) 334-4470</i> <small>Daytime Phone #</small>
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STAPLE CHECK HERE