2008 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2008

DOCUMENT # A00000<u>0010</u>97

1. Entity Name
THE WILTON E. MURPHY FAMILY LIMITED PARTNERSHIP, LLLP

Principal Place of Business 8005 WALKER ROAD

BARTOW, FL 33830

Mailing Address

8005 WALKER ROAD BARTOW, FL 33830

FILED Jan 16, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01142008 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For 59-3641132 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

MURPHY, WILTON E 8005 WALKER ROAD BARTOW, FL 33830

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 trie if applicable.		
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.0	0
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	MURPHY, WILTON E 8005 WALKER ROAD BARTOW, FL 33830	U80000786493 01/17/08-80042-017 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT #	1	

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:

NAME STREET ADDRESS CITY-ST-7IP

Date

Daytme Phone #