

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008


FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # A00000001117	
1. Entity Name THE JOSALCA FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 970 WEDGEWOOD DRIVE, S.E. WINTER HAVEN, FL 33880	Mailing Address P.O. BOX 1445 WINTER HAVEN, FL 33882
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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

6. Name and Address of Current Registered Agent	
CARLTON, SALLY L 970 WEDGEWOOD DRIVE, S.E. WINTER HAVEN, FL 33880	

	
01092008	Chg-LP
CR2E003 (12/06)	
4. FEI Number 59-3658173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
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 title if applicable	

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	
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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.	
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12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CARLTON, JOHN T	CITY - ST - ZIP	
STREET ADDRESS	970 WEDGEWOOD DRIVE, S.E.		
CITY - ST - ZIP	WINTER HAVEN, FL 33880		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CARLTON, SALLY L	CITY - ST - ZIP	
STREET ADDRESS	970 WEDGEWOOD DRIVE, S.E.		
CITY - ST - ZIP	WINTER HAVEN, FL 33880		
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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	
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SIGNATURE: 	1/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date
	Daytime Phone #

STAPLE CHECK HERE