

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A00000001158

1. Entity Name
HOLLINGSWORTH TRADING, L.P.



FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 21 PM 3:50

Principal Place of Business
**2128 E EDGEWOOD DR
 SUITE 109
 LAKE LAND, FL 33803**

Mailing Address
**P.O. BOX 1614
 LAKE LAND, FL 33802**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number
59-3658073

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**APLIN, DAVID F
 2128 E EDGEWOOD DR
 SUITE 109
 LAKE LAND, FL 33803**

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

Signature, typed or printed name of registered agent and title if applicable.

David F. Aplin

4/1/2008

President of the General Partner of Hollingsworth Trading LP
sole member of Juice Source LLC

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P00000042973**
 NAME **HOLLINGSWORTH CAPITAL MANAGEMENT, INC.**
 STREET ADDRESS **124 S. FLORIDA AVE., STE. 200**
 CITY-ST-ZIP **LAKE LAND, FL 33803**

STREET ADDRESS **2128 E. EDGEWOOD DRIVE**
 CITY-ST-ZIP **SUITE 109
 LAKE LAND FL 33803**

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 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/01/2008

(863) 666-2654

President of the General Partner of Hollingsworth Trading, L.P.

STAPLE CHECK HERE