

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # A00000001234

1. Entity Name
LUTHER ENTERPRISES, LLLP



Principal Place of Business
**1632 SOUTH LOVES POINT DRIVE
LEESBURG, FL 34748**

Mailing Address
**1632 SOUTH LOVES POINT DRIVE
LEESBURG, FL 34748**



01152008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-3670039

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LUTHER, BETTY
1632 SOUTH LOVES POINT DRIVE
LEESBURG, FL 34748**

**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 title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

U000000898068
04/25/08-80072-025 500.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**LUTHER, BETTY J TRUSTEE
1632 SOUTH LOVES POINT DRIVE
LEESBURG, FL 34748**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**LUTHER HORNER, BRENDA ANNE TRUSTEE
1632 SOUTH LOVES POINT DRIVE
LEESBURG, FL 34748**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**LUTHER HORNER, BRENDA ANNE
453 PLUMHOLLOW LANE
MAITLAND, FL 32751**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**LUTHER, RICHARD B
1502 SPARTAN
LEESBURG, FL 34748**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

STAPLE CHECK HERE