

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001272</b>			
1. Entity Name <b>JOYCE C. BOLLES FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>BOLLES-HOUSE, INC./JOYCE C. BOLLES 1921 LONG BOAT DRIVE LAKELAND FL 33810</b>		Mailing Address <b>BOLLES-HOUSE, INC./JOYCE C. BOLLES 1921 LONG BOAT DRIVE LAKELAND FL 33810</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>58-2565064</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BOLLES-HOUSE, INC. ATTN: JOYCE C. BOLLES 1921 LONG BOAT DRIVE LAKELAND FL 33810</b>		7. Name and Address of New Registered Agent Name <u>Joyce C. Bolles</u> Street Address (P.O. Box Number is Not Acceptable) <u>same</u> City <u>FL</u> 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 _____ <small>Signature, typed or printed name of registered agent and officer of applicable</small>			
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000049606	STREET ADDRESS	
NAME	BOLLES-HOUSE, INC.	CITY-ST-ZIP	
STREET ADDRESS	1921 LONG BOAT DRIVE		
CITY-ST-ZIP	LAKELAND FL 33810		
DOCUMENT #		STREET ADDRESS	U000000807804
NAME	BOLLES, JOYCE C	CITY-ST-ZIP	02/07/08-80023-017 500.00
STREET ADDRESS	1921 LONG BOAT DRIVE		
CITY-ST-ZIP	LAKELAND FL 33810		
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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			
SIGNATURE: <u>Joyce C. Bolles</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date <u>1/28/08</u> <small>Daytime Phone: #</small>	

STAPLE CHECK HERE