

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000001342**

1. Entity Name  
**JOHN R. AND SALLY S. KRAMER FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**12620 COLLIER'S RESERVE DRIVE  
NAPLES, FL 34110**

Mailing Address  
**12620 COLLIER'S RESERVE DRIVE  
NAPLES, FL 34110**



01302008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3686579</b>	Applied For Not Applicable
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5. Certificate of Status Declared <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**KRAMER, JOHN R  
12620 COLLIER'S RESERVE DRIVE  
NAPLES, FL 34110**

**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**

**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	<b>KRAMER, JOHN R TRUSTEE</b>
STREET ADDRESS	<b>12620 COLLIER'S RESERVE DRIVE</b>
CITY-STATE-ZIP	<b>NAPLES, FL 34110</b>

DOCUMENT #	
NAME	<b>KRAMER, SALLY S TRUSTEE</b>
STREET ADDRESS	<b>12620 COLLIER'S RESERVE DRIVE</b>
CITY-STATE-ZIP	<b>NAPLES, FL 34110</b>

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02/27/08-80013-023 500.00

**DO NOT WRITE  
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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:

*John R. Kramer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*2/16/08* (239) 593-0748

Date Daytime Phone #

STAPLE CHECK HERE