


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 9:46

DOCUMENT # A00000001363	
1. Entity Name GARAK FLP, LTD.	

Principal Place of Business 1006 KIMBERLY LANE LYNN HAVEN, FL 32444	Mailing Address 1006 KIMBERLY LANE LYNN HAVEN, FL 32444
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2. Principal Place of Business - No P.O. Box # 1022 Sunset Ln Suite, Apt. #, etc.	3. Mailing Address 1022 Sunset Ln Suite, Apt. #, etc.
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City & State Lynn Haven	City & State Lynn Haven
Zip 32444	Country Bay



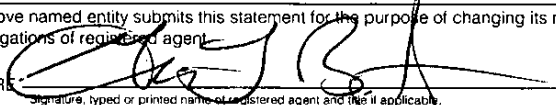
04062008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3670091	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BABER, GEORGE LARRY JR 1006 KIMBERLY LANE LYNN HAVEN, FL 32444

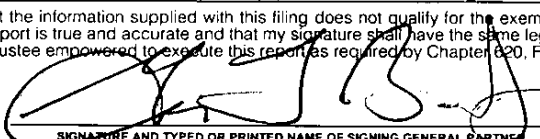
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1022 Sunset Ln 4 City Lynn Haven FL Zip Code 32444

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: 4/4/08

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 #	P00000075831	STREET ADDRESS	1022 Sunset Ln
NAME	GARAK INVESTMENTS, INC.	CITY-ST-ZIP	Lynn Haven FL 32444
STREET ADDRESS	1006 KIMBERLY LANE		
CITY-ST-ZIP	LYNN HAVEN, FL 32444		
DOCUMENT #		STREET ADDRESS	700123067527
NAME		CITY-ST-ZIP	04/11/08--01042--023 **508.75
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NAME		CITY-ST-ZIP	
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:  DATE: 4/4/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE