


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A00000001542 1. Entity Name DALE H. PARSONS FAMILY LIMITED PARTNERSHIP	
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SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 MAY 28 AM 10:40

Principal Place of Business 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741	Mailing Address 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741
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2. Principal Place of Business - No P.O. Box # 202 BROADWAY Suite, Apt. #, etc.	3. Mailing Address 202 BROADWAY Suite, Apt. #, etc.
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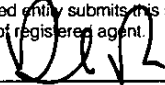
04042008 Chg-LP CR2E003 (12/06)

City & State KISSIMMEE FLORIDA Zip 34741	Country US	City & State KISSIMMEE, FLORIDA Zip 34741	Country US
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4. FEI Number 59-3684081	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PARSONS, DALE H 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741	7. Name and Address of New Registered Agent Name DALE H. PARSONS Street Address (P.O. Box Number is Not Acceptable) 202 BROADWAY City KISSIMMEE FL Zip Code 34741
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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 4.18.08
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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												
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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: 	4.18.08 Date
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STAPLE CHECK HERE