2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED Jan 14, 2008 08:00 AN Secretary of State

DOCL	JMENT	# A000	ነበበበበበ	1613
レノしょ	TIVIT IN 1	# 7000	www	1010

1. Entity Name

CHANDLER PROPERTIES OF TALLAHASSEE, LTD.



Principal Place of Business

2004 WINTHROP WAY TALLAHASSEE, FL 32312 Mailing Address
P.O. BOX 1458
TALLAHASSEE, FL 32302



DO NOT WRITE IN THIS SPACE

01042008 No Chg-LP CR2E003 (12/06)

 4. FEI Number
 Applied For

 59-3679350
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, GILBERT S JR. 2004 WINTHROP WAY TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of changing its registered office or regis the obligations of registered agent.	tered agent, or both, in the Sta	ate of Florida. I am familiar with, and ac	cept
SIGNATURE Signature typed or printed name of registered agent and late 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.

	NOTE: General Partners MAY NOT be changed on the					
	12.	12. GENERAL PARTNER INFORMATION				
	DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP	CHANDLER, GILBERT S JR. 2004 WINTHROP WAY TALLAHASSEE, FL 32312				
STAPLE CHECK HERE	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CHANDLER. BEULAH M 2004 WINTHROP WAY TALLAHASSEE, FL 32312				
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					
	DOCUMENT / NAME STREET ADDRESS CITY+ST-ZIP					
STAPL	DOCUMENT # NAME	• •				

______U00000784558 _01/16/08-80053-010 500.00

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:

NAME STREET ADDRESS CHY-ST-ZIP

Beulah M. Chandler

Vice President Beulah M. Chandler

1-7-08

850-224-6183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #