

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

**FILED**

2008 APR -9 PM 12: 34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # A00000001696	
1. Entity Name THE TRUSLER FAMILY LIMITED PARTNERSHIP	



Principal Place of Business 2707 BELL SHOALS RD. BRANDON, FL 33511	Mailing Address 2707 BELL SHOALS RD. BRANDON, FL 33511
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2. Principal Place of Business - No P.O. Box # 2708 BELL SHOALS RD.	3. Mailing Address 2708 BELL SHOALS RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

02152008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3597812	Applied For 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 FLAWS, MAGNUS JR. 3242 HENDERSON BLVD., SUITE 301 TAMPA, FL 33609	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2708 BELL SHOALS RD. City BRANDON, FL Zip Code 33511
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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 Magnus Flaws, Jr. MAGNUS FLAWS, JR. DATE 03/30/08

**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 #	TRUSLER, GENEVA M TRUSTEE	STREET ADDRESS	600122041806
NAME	2708 BELL SHOALS ROAD	CITY - ST - ZIP	04/03/08--01034--006 **500.00
STREET ADDRESS	BRANDON, FL 33511		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

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: Magnus Flaws, Jr. MAGNUS FLAWS, JR. DATE 03/30/08 813-875-1040