


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

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001774</b> 1. Entity Name <b>T &amp; A FAMILY PARTNERSHIP, LTD.</b>	
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Principal Place of Business <b>500 SOUTH FLORIDA AVE., SUITE 700</b> <b>LAKE LAND, FL 33801</b>	Mailing Address <b>P.O. BOX 5252</b> <b>LAKE LAND, FL 33807</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01182008 Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-3684932</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CLARK, RONALD L</b> <b>500 SOUTH FLORIDA AVE., SUITE 700</b> <b>LAKE LAND, FL 33801</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 #	NAME	STREET ADDRESS	
NAME	MAXWELL, LAWRENCE W	CITY - ST - ZIP	
STREET ADDRESS	500 SOUTH FLORIDA AVE., SUITE 700		
CITY - ST - ZIP	LAKE LAND, FL 33801		
DOCUMENT #	G23570	STREET ADDRESS	
NAME	CRF MANAGEMENT CO., INC.	CITY - ST - ZIP	
STREET ADDRESS	500 SOUTH FLORIDA AVE., SUITE 700		
CITY - ST - ZIP	LAKE LAND, FL 33801		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
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STREET ADDRESS			
CITY - ST - ZIP			

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06/02/08-80065-018 508.75

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:**

*Kim S Kelley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kim S Kelley

4/21/08

863.647.1581

STAPLE CHECK HERE