


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

**FILED
Mar 13, 2008 08:00 AM
Secretary of State**

DOCUMENT # A00000001795

1. Entity Name
M.G. HARDEE FAMILY LIMITED PARTNERSHIP, LLLP



Principal Place of Business 120 NORTH 20TH STREET TAMPA, FL 33605	Mailing Address 120 NORTH 20TH STREET TAMPA, FL 33605
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3684310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARDEE, JAMES B JR.
120 NORTH 20TH STREET
TAMPA, FL 33605

DO NOT WRITE IN THIS SPACE

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 _____
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**

DATE: 04/01/08-80023-008 500.00

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HARDEE, MARY G 120 NORTH 20TH STREET TAMPA, FL 33605
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HARDEE, JAMES B JR. 120 NORTH 20TH STREET TAMPA, FL 33605
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CAMPBELL, BARBARA H 120 NORTH 20TH STREET TAMPA, FL 33605
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

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: *Barbara H Campbell* BARBARA H CAMPBELL 3-7-08 502 895-3699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE