

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 25 PM 12:13

**DOCUMENT # A00000001797**

1. Entity Name  
 ADKINS HOLDINGS, LTD.



Principal Place of Business  
 720 ELM TREE LANE  
 BOCA RATON, FL 33486

Mailing Address  
 720 ELM TREE LANE  
 BOCA RATON, FL 33486



2. Principal Place of Business - No P.O. Box #  
 6705 Cabin Circle

3. Mailing Address  
 6705 Cabin Circle

03292008 Chg-LP CR2E003 (12/06)

City & State  
 Boynton Beach, FL

City & State  
 Boynton Beach, FL

4. FEI Number  
 65-1032540

Applied For  
 Not Applicable

Zip  
 33437

Country  
 USA

Zip  
 33437

Country  
 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ADKINS, JEFFREY A  
 720 ELM TREE LANE  
 BOCA RATON, FL 33486

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

6705 Cabin Circle

City

Boynton Beach

FL

Zip Code

33437

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.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

500122542695  
 04/08/08--01005--030 \*\*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 # L00000008293  
 NAME M & J ADKINS, LLC  
 STREET ADDRESS 720 ELM TREE LANE  
 CITY-ST-ZIP BOCA RATON, FL 33486

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS 6705 Cabin Circle  
 CITY-ST-ZIP Boynton Beach, FL 33437

DOCUMENT #  
 NAME  
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 CITY-ST-ZIP

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 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE