

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

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

DOCUMENT # A00000001949

1. Entity Name
THE GARVEY FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**1886 WATER OAK DRIVE WEST
CLEARWATER, FL 33764**

Mailing Address
**1886 WATER OAK DRIVE WEST
CLEARWATER, FL 33764**

DO NOT WRITE IN THIS SPACE

01042008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-3676690

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARVEY, EDWARD J
1886 WATER OAK DRIVE WEST
CLEARWATER, FL 33764**

**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.

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**GARVEY, EDWARD J
1886 WATER OAK DRIVE WEST
CLEARWATER, FL 33764**

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U00000784443
01/16/08-80055-011 500.00

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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: Edward J. Garvey **GENERAL PARTNER**
EDWARD J. GARVEY 1/11/08 - 727-535-8020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE