

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

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A00000001999**

1. Entity Name  
**THE JAMES A. ALDERMAN, JR. LIMITED PARTNERSHIP**



Principal Place of Business  
**712 32ND AVENUE WEST  
PALMETTO, FL 34221**

Mailing Address  
**PO BOX 567  
PALMETTO, FL 34220**

**DO NOT WRITE IN THIS SPACE**



03052008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**65-1091599**

Applied For  
Not Applicable

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

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

**ALDERMAN, JAMES A JR.  
712 32ND AVENUE WEST  
PALMETTO, FL 34221**

**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  
**ALDERMAN, JAMES A JR.  
712 32ND AVENUE WEST  
PALMETTO, FL 34221**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CODDINGTON-ALDERMAN, MARIBEL TRUSTEE  
712 32ND AVENUE WEST  
PALMETTO, FL 34221**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000862168  
04/03/08-80038-014 500.00

**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: *James A Alderman, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*3-13-08* *941-722-2256*

Date

Daytime Phone #

STAPLE CHECK HERE