

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY -1 PM 4:28

<b>DOCUMENT # A00000002026</b>	
1. Entity Name <b>REDD FAMILY PARTNERSHIP, LLLP</b>	



Principal Place of Business <b>2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301</b>	Mailing Address <b>2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301</b>
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2. Principal Place of Business - No P.O. Box # <b>2075 Centre Pointe Blvd.</b>	3. Mailing Address <b>same</b>
Suite, Apt. #, etc. <b>Suite 200</b>	Suite, Apt. #, etc.
City & State <b>Tallahassee, FL</b>	City & State
Zip <b>32308</b>	Country



02202008 Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-3688216</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>REDD, HARRY L 2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2075 Centre Pointe Blvd., Ste. 200</b> City <b>Tallahassee</b> FL Zip Code <b>32308</b>
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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	2075 Centre Pointe Blvd., Ste. 200
NAME	REDD, H. O	CITY - ST - ZIP	Tallahassee, FL 32308
STREET ADDRESS	7115 BLOUNTSTOWN HIGHWAY	STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE, FL 32310	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
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DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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05/01/08--01048--022 \*\*500.00

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 #

**Harry L. Redd**

**4-22-08 850-878-6189**

STAPLE CHECK HERE