

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # A00000002041 1. Entity Name WILSON STONE HEARTH FARM LIMITED PARTNERSHIP	
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Principal Place of Business 321 NORTH LAKE WAY PALM BEACH FL 33480	Mailing Address 321 NORTH LAKE WAY PALM BEACH FL 33480
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 65-1101343	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEDEL, NANCY W 321 NORTH LAKE WAY PALM BEACH FL 33480	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and fee if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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	
NAME	WILSON, VIRGINIA B		
STREET ADDRESS	321 NORTH LAKE WAY		
CITY-ST-ZIP	PALM BEACH FL 33480	CITY-ST-ZIP	000000854309 03/27/08-80002-020 500.00
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MEDEL, NANCY W		
STREET ADDRESS	321 N LAKE WAY		
CITY-ST-ZIP	PALM BEACH FL 33480	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP		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: *Nancy W. Mendel* **Nancy W. Mendel** **3/7/08 (561)315-0617**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE