


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

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A01000000173	
1. Entity Name ALBRIGHT HOLDINGS, LTD.	

Principal Place of Business 3730 ESTERO BLVD. FT. MYERS BEACH FL 33931	Mailing Address 3730 ESTERO BLVD. FT. MYERS BEACH FL 33931
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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 37-1425629	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALBRIGHT, LARRY M 3730 ESTERO BLVD. FT. MYERS BEACH FL 33931		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 _____ DATE _____
Signature, typed or printed name of registered agent and date 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 #		STREET ADDRESS	U00000930800
NAME	ALBRIGHT, LARRY M	CITY-ST-ZIP	05/21/08-80125-002 500.00
STREET ADDRESS	3730 ESTERO BLVD.		
CITY-ST-ZIP	FT. MYERS BEACH FL 33931		
DOCUMENT #		STREET ADDRESS	
NAME	ALBRIGHT, MADALINE R	CITY-ST-ZIP	
STREET ADDRESS	3730 ESTERO BLVD.		
CITY-ST-ZIP	FT. MYERS BEACH FL 33931		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		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: LARRY M ALBRIGHT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/08

Date

Daytime Phone

STAPLE CHECK HERE