

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 21 PM 3:51

|   |   |
|---|---|
| <b>DOCUMENT # A0100000375</b>                       |  |
| 1. Entity Name<br>ALLMON FAMILY LIMITED PARTNERSHIP |   |

|   |  |
|---|--|
| Principal Place of Business<br>9400 S. TROPICAL TRAIL<br>MERRITT ISLAND, FL 32962 | Mailing Address<br>PO BOX 1626<br>CAPE CANAVERAL, FL 32920 |
|---|--|

|   |                     |
|---|---------------------|
| 2. Principal Place of Business - No P.O. Box #<br>9400 S. Tropical Tr | 3. Mailing Address  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc. |

|                                   |                |
|-----------------------------------|----------------|
| City & State<br>Merritt Island FL | City & State   |
| Zip<br>32952                      | Country<br>USA |



04142008 Chg-LP CR2E003 (12/06)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>59-3705627 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b>  |
| ASARCH, STEVEN J ESQUIRE<br>SUITE 400 EAST<br>1900 N.W. CORPORATE BOULEVARD<br>BOCA RATON, FL 33431 |

|  |          |
|--|----------|
| <b>7. Name and Address of Now Registered Agent</b> |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| FL   | Zip Code |

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 |                                 |
|---------------------------------|---------------------------------|
| DOCUMENT #                      | P00000111772                    |
| NAME                            | ALLMON FAMILY ENTERPRISES, INC. |
| STREET ADDRESS                  | 9400 S. TROPICAL TRAIL          |
| CITY-ST-ZIP                     | MERRITT ISLAND, FL 32962        |
| 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                     |                                 |

| 13. ADDRESS CHANGES ONLY |                               |
|--------------------------|-------------------------------|
| STREET ADDRESS           |                               |
| CITY-ST-ZIP              |                               |
| STREET ADDRESS           | 100123341271                  |
| CITY-ST-ZIP              | 04/17/08--01057--005 **500.00 |
| STREET ADDRESS           |                               |
| CITY-ST-ZIP              |                               |
| STREET ADDRESS           |                               |
| CITY-ST-ZIP              |                               |
| STREET ADDRESS           |                               |
| 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:** *Barbara A. Campbell* VP/Secy Allmon Family Enterprises Inc **4/14/2008** **321-693-2544**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE