


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # A01000000506 1. Entity Name RALPH AND ALDA PRIEP FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 4505 S. SHORE ROAD ORLANDO, FL 32839	Mailing Address 4505 S. SHORE ROAD ORLANDO, FL 32839
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DO NOT WRITE IN THIS SPACE



03252008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3747070	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**PRIEP, KAREN
4505 S. SHORE ROAD
ORLANDO, FL 32839**

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 _____ 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.

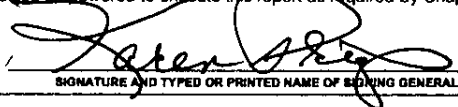
12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PRIEP, ROBERT 4625 TAMWORTH COURT ORLANDO, FL 32839
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PRIEP, ALDA 4505 S. SHORE ROAD ORLANDO, FL 32839
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PRIEP, KAREN 4505 S. SHORE DRIVE ORLANDO, FL 32839
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

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04/10/08-80012-017 500.00

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STAPLE CHECK HERE

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:  **3/25/08 407/902-1237**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #