

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # A01000000720

1. Entity Name
YELVINGTON FAMILY PARTNERSHIP, LTD.



Principal Place of Business
C/O YELVINGTON CAPITAL MANAGEMENT, L.L.C.
2326 BELLEVUE AVENUE
DAYTONA BEACH, FL 32114

Mailing Address
P.O. BOX 11637
DAYTONA BEACH, FL 32120-1637



04092008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3721332	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32114

**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 _____

Signature: typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

000000898650
04/28/08-80004-016 508.75

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 #	L01000008274
NAME	YELVINGTON CAPITAL MANAGEMENT, L.L.C.
STREET ADDRESS	2326 BELLEVUE AVENUE
CITY - ST - ZIP	DAYTONA BEACH, FL 32114

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**DO NOT WRITE
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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 #

STAPLE CHECK HERE