

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

**FILED**

**08 MAR -6 AM 10:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # A01000000798**

1. Entity Name  
**ENGLISH FAMILY ENTERPRISES, LTD.**



Principal Place of Business  
**1311 EXECUTIVE CENTER DRIVE  
SUITE 121  
TALLAHASSEE, FL 32301**

Mailing Address  
**1311 EXECUTIVE CENTER DRIVE  
SUITE 121  
TALLAHASSEE, FL 32301**



01092008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**59-3726390**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ENGLISH, J. COLIN JR.  
1311 EXECUTIVE CENTER DRIVE, SUITE 121  
TALLAHASSEE, FL 32301**

**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**

**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  
**ENGLISH, J. COLIN JR.  
1311 EXECUTIVE CENTER DRIVE, SUITE 121  
TALLAHASSEE, FL 32301**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ENGLISH, PHYLLIS L  
1311 EXECUTIVE CENTER DRIVE, SUITE 121  
TALLAHASSEE, FL 32301**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**300120011673  
03/12/08--01004--024 \*\*500.00**

**DO NOT WRITE  
IN THIS SPACE**

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

**3/5/2008 830-877-8543**

Daytime Phone #

STAPLE CHECK HERE