

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

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

**DOCUMENT # A01000000820**

1. Entity Name

NEECE FAMILY LIMITED PARTNERSHIP



Principal Place of Business

1500 SOUTH DIXIE HIGHWAY, SUITE 200  
CORAL GABLES FL 33146

Mailing Address

P.O. BOX 469  
PERU IL 61354



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

4. FEI Number

58-2590530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E003 (10/07)

6. Name and Address of Current Registered Agent

FLETCHER, PAUL G  
1500 SOUTH DIXIE HIGHWAY, SUITE 200  
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and date if applicable

DATE

**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

DOCUMENT # P01000057243  
NAME WILLIAM NEECE CORPORATION  
STREET ADDRESS 960 CAPE MARCO DRIVE, UNIT # 1102  
CITY-ST-ZIP MARCO ISLAND FL 33145

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

000000930828  
05/21/08-80125-012 500.00

DOCUMENT #  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Patricia J. Hurley*  
**PATRICIA J. HURLEY** 4/25/08 815-223-0141

Date

Exemption Program #

STAPLE CHECK HERE