

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

DOCUMENT # A01000001427	
1. Entity Name BALLARD FAMILY LIMITED PARTNERSHIP	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 MAY 15 PH 3: 21



Principal Place of Business 4690 HOLLY DRIVE PALM BEACH GARDENS FL 33418	Mailing Address 4690 HOLLY DRIVE PALM BEACH GARDENS FL 33418
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1st MOORE CR2E003 (10/07)

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 65-1148436	Applied For <input type="checkbox"/> 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 BALLARD, JACK 4690 HOLLY DRIVE PALM BEACH GARDENS FL 33418	
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7. Name and Address of New Registered Agent Name MARGARET L.F. BALLARD Street Address (P.O. Box Number is Not Acceptable) 4690 Holly Drive City PALM BEACH GARDENS FL Zip Code 33418	
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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 Margaret L.F. Ballard DATE _____
Signature, typed or printed name of registered agent and title if applicable

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	MARGARET L.F. BALLARD AS PERSONAL	STREET ADDRESS	
NAME	BALLARD, JACK, and REPRESENTATIVE OF THE	CITY-ST-ZIP	
STREET ADDRESS	4690 HOLLY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME	BALLARD, MARGARET	CITY-ST-ZIP	
STREET ADDRESS	4690 HOLLY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	000130173060
NAME		CITY-ST-ZIP	05/23/08--01014--001 --\$500.00
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Margaret L.F. Ballard **Margaret L.F. Ballard 5618456722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date **3-17-08** Daytime Phone # _____

STAPLE CHECK HERE