

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A01000001542	
1. Entity Name FAMILY TREE ENTERPRISES LIMITED PARTNERSHIP, LLLP	
Principal Place of Business 10,000 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972	Mailing Address 10,000 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972



01182008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1151242	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LARSON, LOUIS E JR. 10,000 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972		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

U00000839228
03/05/08-80062-001 500.00

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	LARSON, LOUIS E JR.
STREET ADDRESS	10,000 HIGHWAY 98 NORTH
CITY-ST-ZIP	OKEECHOBEE, FL 34972
DOCUMENT #	
NAME	LARSON, GRACE ANN
STREET ADDRESS	10,000 HIGHWAY 98 NORTH
CITY-ST-ZIP	OKEECHOBEE, FL 34972
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Grace Larson
Grace Larson

2/22/08
2/22/08

863-763-7947
863-763-7947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE