


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

**FILED  
Apr 24, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # A01000001619**  
1. Entity Name  
775 PARTNERSHIP, LTD.



Principal Place of Business  
3665 BEE RIDGE RD. STE. 310  
SARASOTA, FL 34233

Mailing Address  
3665 BEE RIDGE RD. STE. 310  
SARASOTA, FL 34233

**DO NOT WRITE IN THIS SPACE**



02212008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-1157345	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CARRION, JAIME S  
3665 BEE RIDGE RD. STE. 310  
SARASOTA, FL 34233

**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

000000919022  
05/13/08 2018 015 599.00

**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 #	P01000062701
NAME	775, INC.
STREET ADDRESS	3665 BEE RIDGE ROAD, SUITE 310
CITY-ST-ZIP	SARASOTA, FL 34233
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**

STAPLE CHECK HERE

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

4-4-08 921-923-4551  
Date Daytime Phone #