


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

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # A01000001630	
1. Entity Name STOKES FAMILY PARTNERSHIP, LTD.	

Principal Place of Business 503 N. CAUSEWAY APARTMENT 503 NEW SMYRNA BEACH FL 32169	Mailing Address PO BOX 1345 NEW SMYRNA BEACH FL 32170
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 22-3851011	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 HODSON, DOUGLAS 503 N. CAUSEWAY APARTMENT 503 NEW SMYRNA BEACH FL 32169	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and date of application

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 #		STREET ADDRESS	
NAME	HODSON, DOUGLAS D SR.	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 1345		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32170		
DOCUMENT #		STREET ADDRESS	
NAME	BACHMANN, LAUREN ANN	CITY-ST-ZIP	
STREET ADDRESS	6176 LOCUST HILL RD.		
CITY-ST-ZIP	DAYTON OH 45459		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

000000015000
02/14/08-80018-019 500.00

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: Douglas D. Hodson 2/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE