

2008 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2008****DOCUMENT # A01000001713**1. Entity Name
FLINT BROTHERS CATTLE PARTNERSHIP, LLLPPrincipal Place of Business
**245 HOMESTEAD ROAD
LEHIGH ACRES, FL 33936**Mailing Address
**245 HOMESTEAD ROAD
LEHIGH ACRES, FL 33936****FILED****08 FEB -8 PM 2:33****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

01252008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1156375

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required -****8. Name and Address of Current Registered Agent****FLINT, RONALD C
200 HOMESTEAD ROAD
LEHIGH ACRES, FL 33936****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****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
STREET ADDRESS
CITY - ST - ZIP
**FLINT, RONALD C
245 HOMESTEAD ROAD
LEHIGH ACRES, FL 33936**DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**FLINT, ROGER
245 HOMESTEAD ROAD
LEHIGH ACRES, FL 33936**DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP**500118072085
02/14/08--01045--006 **500.00****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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE