

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 31 PM 2:37

DOCUMENT # A02000000089	
1. Entity Name CARRON FAMILY LIMITED PARTNERSHIP	



Principal Place of Business 17125 ORANGEWOOD DR LUTZ, FL 33548	Mailing Address 17125 ORANGEWOOD DR LUTZ, FL 33548
--	--



2. Principal Place of Business - No P.O. Box # 5715 BLUE SAVANNAH DR.	3. Mailing Address 5715 BLUE SAVANNAH DR.
--	--

01252008 Chg-LP CR2E003 (12/06)

City & State Leesburg, FL	City & State Leesburg, FL
Zip 34748	Zip 34748
Country LAKE	Country LAKE

4. FEI Number 03-0379827	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEFLOCH, EUGENE M ESQ 1311 N. WESTSHORE BLVD. SUITE 205 TAMPA, FL 33607	
---	--

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 \_\_\_\_\_  
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	CARRON, LOUIS J SR.	STREET ADDRESS	5715 BLUE SAVANNAH DR.
NAME	17125 ORANGEWOOD DRIVE	CITY-ST-ZIP	Leesburg, FL 34748
STREET ADDRESS	LUTZ, FL 33548		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

700121447327  
 03/27/08--01040--014 \*\*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: Louis J. Carron Sr. 3/24/08 352-787-9052  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE