

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A02000000136	
1. Entity Name THE DOZIER B. HILLIARD FAMILY LIMITED PARTNERSHIP	



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 APR 22 PM 3:17

Principal Place of Business 4406 RIVERVIEW BLVD. WEST BRADENTON, FL 34209	Mailing Address 4406 RIVERVIEW BLVD. WEST BRADENTON, FL 34209
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2811 Palma Sola Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02202008 Chg-LP CR2E003 (12/06)

City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34209	Country USA	Zip 34209	Country USA

4. FEI Number 90-0005496	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROSS, JULIANNA H 2811 PALMA SOLA BLVD. BRADENTON, FL 34209	
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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 title if applicable.

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 # NAME STREET ADDRESS CITY-ST-ZIP	P02000005012 THE HILLIARD GROUP, INC. 4406 RIVERVIEW BLVD. WEST BRADENTON, FL 34209	STREET ADDRESS CITY-ST-ZIP	400125271944 04/23/08--01019--007 **500.00
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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: Julianne H. Ross
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/2/08 (941) 794-0052
 Date Daytime Phone #

STAPLE CHECK HERE