

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

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # A02000000168		
1. Entity Name THE ELDRIDGE FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 607 THIRD KEY DRIVE FORT LAUDERDALE, FL 33304	Mailing Address 607 THIRD KEY DRIVE FORT LAUDERDALE, FL 33304
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03072008 Chg-LP CR2E003 (12/06)

4. FEI Number 01-0649278	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ELDRIDGE, LAWRENCE L 607 THIRD KEY DRIVE FORT LAUDERDALE, FL 33304		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	
NAME	LAWRENCE, ELDRIDGE L	CITY-ST-ZIP	
STREET ADDRESS	607 THIRD KEY DRIVE		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ELDRIDGE, CAROLYN P	CITY-ST-ZIP	
STREET ADDRESS	607 THIRD KEY DRIVE		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		
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STREET ADDRESS			
CITY-ST-ZIP			

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04/04/08-80005-014 500.00

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: Carolyn P. Eldridge 3/15/08 954-463-6589  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
CAROLYN P. Eldridge  
Date Daytime Phone #

STAPLE CHECK HERE