


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

DOCUMENT # A02000000186			
1. Entity Name STROK FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 1051 HILLSBORO MILE, APT. 906E HILLSBORO BEACH FL 33062		Mailing Address 1051 HILLSBORO MILE, APT. 906E HILLSBORO BEACH FL 33062	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 124 WOOD HAVEN DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PALM COAST, FL	
Zip	Country	Zip 32164	Country FLAGLER

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 21 PM 3:51



1st MOORE CR2E003 (10/07)

4. FEI Number 03-0457604		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 ATKINSON, WILSON C III ESQ % ATKINSON, DINER, STONE, MAKUTA ET AL. 1946 TYLER STREET HOLLYWOOD FL 33020		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 **200123962532**
04/18/08--01008--014 **500.00

Signature, typed or printed name of registered agent and title if applicable.

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 # NAME STREET ADDRESS CITY-ST-ZIP	P02000000567 STROK MANAGEMENT, INC. 1051 HILLSBORO MILE, APT. 906E HILLSBORO BEACH FL 33062	STREET ADDRESS CITY-ST-ZIP	124 WOOD HAVEN DR PALM COAST, FL 32164
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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: Elizabeth A. Strok **4/3/08** **386-447-4734**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
ELIZABETH A. STROK Date Daytime Phone

STAPLE CHECK HERE