

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # A02000000425

1. Entity Name
ALLMON FAMILY INVESTMENT PARTNERSHIP, LTD.



Principal Place of Business
**9400 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952**

Mailing Address
**PO BOX 1626
CAPE CANAVERAL, FL 32920**



04142008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0663312

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ASARCH, STEVEN J ESQ.
1900 N.W. CORPORATE BOULEVARD, SUITE 400 E
BOCA RATON, FL 33431**

**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 # **P00000111772**
NAME **ALLMON FAMILY ENTERPRISES, INC.**
STREET ADDRESS **9400 S. TROPICAL TRAIL**
CITY-ST-ZIP **MERRITT ISLAND, FL 32962**

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05/05/08-80043-008 500.00

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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: *Barbara A. Campbell* **Barbara A. Campbell**
VP/Secy, Allmon Family Enterprises Inc 4/14/2008 321-693-2544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE