


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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA


08 APR 25 AM 10:43

<b>DOCUMENT # A02Q0000C0577</b>	
1. Entity Name NORTH EAST POLK, LLLP	

Principal Place of Business 4776 NEW BROAD ST. SUITE 250 ORLANDO, FL 32814	Mailing Address 4776 NEW BROAD ST. SUITE 250 ORLANDO, FL 32814
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01222008    Chg-LP    CR2E003 (12/06)

4. FEI Number <b>APPLIED FOR 43-1964088</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
WHITE, ROBERT B JR. 558 WEST NEW ENGLAND AVE., SUITE 240 WINTER PARK, FL 32789	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 #	GODWIN, LARRY 4776 NEW BROAD ST SUITE 250 ORLANDO, FL 32814	STREET ADDRESS	400125590724 04/24/08--01044--006 **500.00
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CITY-ST-ZIP		STREET ADDRESS	

STAPLE CHECK HERE

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:**     2-25-08    407-628-4005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #