


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # A02000001361 1. Entity Name MILO THOMAS FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 13623 N FLORIDA AVE., BLDG 2 TAMPA, FL 33613	Mailing Address 13623 N FLORIDA AVE., BLDG 2 TAMPA, FL 33613
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DO NOT WRITE IN THIS SPACE

01212008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 33-1033178	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMAS, MILO 14153 U.S. 41 SOUTH BROOKSVILLE, FL 34610

**DO NOT WRITE
IN THIS SPACE**

7. 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

U000000805205
02/05/08-80099-010 500.00

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 #	
NAME	THOMAS, MILO
STREET ADDRESS	14153 U.S. 41 SOUTH
CITY-ST-ZIP	BROOKSVILLE, FL 34610
DOCUMENT #	
NAME	BAKER, W. KENDALL
STREET ADDRESS	13623 N FLORIDA AVE
CITY-ST-ZIP	TAMPA, FL 33613
DOCUMENT #	
NAME	FUENTES, LAWRENCE E
STREET ADDRESS	1407 WEST BUSCH BOULEVARD
CITY-ST-ZIP	TAMPA, FL 33612
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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:

W.K. Baker Partner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/21/08

Date

813 961-0530

Daytime Phone #

STAPLE CHECK HERE