## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## FILED Mar 31, 2008 08:00 A Secretary of State Due By May 1, 2008 **DOCUMENT # A02000001390** HAROMY FAMILY LIMITED PARTNERSHIP, LLLP Principal Place of Business Mailing Address 1576 PARKS LAKE ROAD 1576 PARKS LAKE ROAD LAKE WALES, FL 33898 LAKE WALES, FL 33898 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202008 CR2E003 (12/06) Chg-LP Applied For City & State City & State 4. FEI Number 02-0655755 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAROMY, JOHN C Street Address (P.O. Box Number is Not Acceptable) 1576 PARKS LAKE ROAD LAKE WALES, FL 33853 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, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS NAME HAROMY, JOHN C <del>000000875</del>723 STREET ADDRESS 1576 PARKS LAKE ROAD CITY-ST-ZIP 04/11/09-80043-024 500 00 CITY-ST-ZIP LAKE WALES, FL 33898 DOCUMENT # STREET ADDRESS NAME HAROMY, BARBARA H STREET ADDRESS 1576 PARKS LAKE ROAD CITY-ST-ZIP CITY-ST-ZIP LAKE WALES, FL 33898 DOCUMENT # STREET ADDRESS WOLTMANN, KATHERINE H NAME STREET ADDRESS 1576 PARKS LAKE ROAD CITY-ST-7IP CiTY-ST-ZIP LAKE WALES, FL 33898 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

SIGNATURE AND TYPED OR PR NG GENERAL PARTNER

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