


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

**FILED
Mar 31, 2008 08:00 A
Secretary of State**

DOCUMENT # A02000001390	
1. Entity Name HAROMY FAMILY LIMITED PARTNERSHIP, LLLP	

Principal Place of Business 1576 PARKS LAKE ROAD LAKE WALES, FL 33898	Mailing Address 1576 PARKS LAKE ROAD LAKE WALES, FL 33898
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03202008 Chg-LP CR2E003 (12/06)

4. FEI Number 02-0655755	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	7. Name and Address of New Registered Agent
HAROMY, JOHN C 1576 PARKS LAKE ROAD LAKE WALES, FL 33853	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State FL Zip Code

B. 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

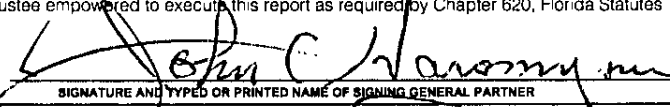
**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**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 #	HAROMY, JOHN C 1576 PARKS LAKE ROAD LAKE WALES, FL 33898	STREET ADDRESS	000000875723 04/11/08-80043-024 500.00
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	HAROMY, BARBARA H 1576 PARKS LAKE ROAD LAKE WALES, FL 33898	STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	WOLTMANN, KATHERINE H 1576 PARKS LAKE ROAD LAKE WALES, FL 33898	STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			

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:  **DATE:** **3/25/08** **DAYTIME PHONE:** **(813) 696-1697**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER