2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 14 AM 11:44

DOCUMENT # A02000001472

1. Entity Name

BOYD FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
6105 WILLOW OAK CIRCLE BRADENTON FL 34241	6105 WILLOW OAK CIRCLE BRADENTON FL 34241

1st MOORE CR2E003 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2200 manatee Ave W.	2200 manatee Ave W.
Suite, Apt. #, etc.: Bradenton Fl. B	Suite, Apt. #, etc.: Bradenton Fl.
City & State	City & State
Zip 34205 Country USA	Zip 34205 Country USA

4. FEI Number 06-1656446 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAY, BRENDA 4581 RIVERVIEW BLVD. BRADENTON FL 34209	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 Brenda B. May DATE 3.13.08
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is $500. * After May 1, 2008, fee will be $900. *** Make check payable to Florida Department of State**

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 #		STREET ADDRESS	2200 manatee Ave W.
NAME	BOYD, FAY T	CITY-ST-ZIP	Bradenton Fl. 34205
STREET ADDRESS	6105 WILLOW OAK CIRCLE		
CITY-ST-ZIP	BRADENTON FL 34241		
DOCUMENT #		STREET ADDRESS	2200 manatee Ave W.
NAME	MAY, BRENDA	CITY-ST-ZIP	Brad. Fl. 34205
STREET ADDRESS	4581 RIVERVIEW BLVD.		
CITY-ST-ZIP	BRADENTON FL 34209		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	600123067126 04/11/08--01044--010 **500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: Brenda B. May 3.14.08 941 730.8589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #