


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 8:22

DOCUMENT # A02000001521					
1. Entity Name THE MEADOWS AT GLEN PLANTATION, LTD.					
Principal Place of Business 515 SOUTH 6TH ST MACLENNY, FL 32063			Mailing Address 7436 WOODLAWN ROAD MACLENNY, FL 32063		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 43-1988512	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, TERRANCE M PA 486 NORTH TEMPLE AVENUE STARKE, FL 32091			7. Name and Address of New Registered Agent Name Terence M. Brown, PA 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	P01000112606		STREET ADDRESS		
NAME	GLEN PLANTATION, INC.		CITY-ST-ZIP		
STREET ADDRESS	486 NORTH TEMPLE AVENUE				
CITY-ST-ZIP	STARKE, FL 32091				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP	200128076832	
STREET ADDRESS				05/01/08--01043--003 **\$500.00	
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STREET ADDRESS					
CITY-ST-ZIP					
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: _____			Todd L. Knabb		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE