


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

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # A02000001564 1. Entity Name THE JOHN SPENCER FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 4799 KEYSER LANE PACE FL 32571	Mailing Address 4799 KEYSER LANE PACE FL 32571
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc. City & State Zip Country		3. Mailing Address Suite, Apt #, etc. City & State Zip Country	
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1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent SPENCER, JOHN 4799 KEYSER LANE PACE FL 32571	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 date if applicable</small>	
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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 #	NAME	STREET ADDRESS	
NAME	SPENCER, JOHN	CITY-ST-ZIP	
STREET ADDRESS	4799 KEYSER LANE		
CITY-ST-ZIP	PACE FL 32571		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SPENCER, JAMES ROBERT	CITY-ST-ZIP	
STREET ADDRESS	4799 KEYSER LANE		
CITY-ST-ZIP	PACE FL 32571		
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STREET ADDRESS			
CITY-ST-ZIP			

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02/27/08-80013-019 500.00

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: John Spencer **2-14-08** **(850) 981-5500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE