

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # A03000000249

1. Entity Name
CCJ MOORE INVESTMENTS, LLLP



Principal Place of Business
**5329 ISLEWORTH COUNTRY CLUB DRIVE
WINDERMERE, FL 34786**

Mailing Address
**5329 ISLEWORTH COUNTRY CLUB DRIVE
WINDERMERE, FL 34786**



03152008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
51-0448516

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MOORE, CECIL D
5329 ISLEWORTH COUNTRY CLUB DRIVE
WINDERMERE, FL 34786**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME **MOORE, CECIL D**
STREET ADDRESS **5329 ISLEWORTH COUNTRY CLUB DRIVE**
CITY - ST - ZIP **WINDERMERE, FL 34786**

DOCUMENT #
NAME **MOORE, CAROL K**
STREET ADDRESS **5329 ISLEWORTH COUNTRY CLUB DRIVE**
CITY - ST - ZIP **WINDERMERE, FL 34786**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

32508

Date

407-9091437

Daytime Phone #

STAPLE CHECK HERE