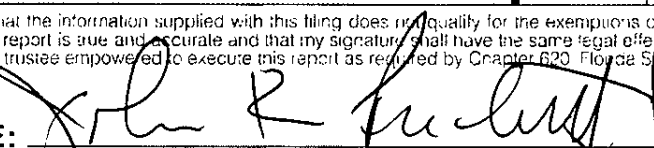


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # A03000000424			
1. Entity Name: PRICKETT PARTNERS, LLLP			
Principal Place of Business 2590 VILLA WAY EUSTIS FL 32726		Mailing Address 2590 VILLA WAY EUSTIS FL 32726	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 56-2329018		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRICKETT, JOHN R JR. 2590 VILLA WAY EUSTIS FL 32726		7. Name and Address of New Registered Agent 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 _____ DATE _____			
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	PRICKETT, JOHN R TRUSTEE	CITY- ST- ZIP	
STREET ADDRESS	P.O. BOX 1599		
CITY- ST- ZIP	EUSTIS FL 32727		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	PRICKETT, CYNTHIA C TRUSTEE	CITY- ST- ZIP	
STREET ADDRESS	P.O. BOX 1599		
CITY- ST- ZIP	EUSTIS FL 32727		
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS			
CITY- ST- ZIP			
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STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: 		4/11/08 352-978-2443	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date: _____	

STAPLE CHECK HERE



1st MOORE CR2E003 (10/07)

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05/07/08-80045-017-500.00