


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

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A03000000852</b>	
1. Entity Name: <b>HARRY B. JAMES AND MILDRED F. JAMES, LTD.</b>	

Principal Place of Business <b>111 FLORIDA AVE LYNN HAVEN FL 32444</b>	Mailing Address <b>P.O. BOX 1037 PANAMA CITY FL 32402</b>
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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

1st MOORE CR2E003 (10/07)

4. FEI Number <b>20-0657802</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>JAMES, MILDRED F 111 FLORIDA AVE LYNN HAVEN FL 32444</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 *Mildred F. James* *Jan. 28, 2008*

**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 #	<b>JAMES, MILDRED F 111 FLORIDA AVE LYNN HAVEN FL 32444</b>	STREET ADDRESS	<b>000000807798 02/07/08-80023-011 500.00</b>
NAME			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: *Mildred F. James* *Jan. 28, 2008* *(850)248-0712*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Designation Print #

STAPLE CHECK HERE