


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

FILED
Mar 20, 2008 08:00 AM
Secretary of State

DOCUMENT # A03000000880	
1. Entity Name SANTIAGO W. CALDERON FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 4036 BERMUDA GROVE PLACE LONGWOOD FL 32779	Mailing Address 4036 BERMUDA GROVE PLACE LONGWOOD FL 32779
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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 90-0177341	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CALDERON, SANTIAGO W 4036 BERMUDA GROVE PLACE LONGWOOD FL 32779	
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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

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 _____ <small>Signature, typed or printed name of registered agent and state of application</small>	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 # P03000043803	NAME CHRISTEPH OF BERMUDA GROVE, INC.	STREET ADDRESS	
STREET ADDRESS 4036 BERMUDA GROVE PLCE		CITY-ST-ZIP	
CITY-ST-ZIP LOGWOOD FL 32770			
DOCUMENT #	NAME	STREET ADDRESS	000000864955
STREET ADDRESS		CITY-ST-ZIP	04/07/08-80008-009 500.00
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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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: *Santiago W. Calderon* **3/17/08** **386-228-0661**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Filing Phone #

STAPLE CHECK HERE