


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

<b>DOCUMENT # A03000000990</b>			
1. Entity Name <b>HEAD FAMILY LIMITED PARTNERSHIP, LTD.</b>			
Principal Place of Business <b>3808 MAGNOLIA POINT LANE ST. AUGUSTINE FL 32086</b>		Mailing Address <b>3808 MAGNOLIA POINT LANE ST. AUGUSTINE FL 32086</b>	
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

**FILED**  
**08 FEB -8 PM 3:40**



1st MOORE CR2E003 (10/07)

4. FEI Number <b>AP-PLIED FOR</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>GRIFFIN, TERESA D 3808 MAGNOLIA PT. LN ST AUGUSTINE FL 32086</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

*Teresa Griffin*  
Signature, typed or printed name of registered agent and filer, as applicable.

*1/25/08*  
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 #	L03000023217	STREET ADDRESS	
NAME	HEAD FAMILY, LLC	CITY-ST-ZIP	<b>300116679433</b>
STREET ADDRESS	3808 MAGNOLIA POINT LANE		<b>02/01/08--01023--006 **500.00</b>
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
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DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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:

*Teresa Griffin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*1/25/08*  
Date

*904-797-5572*  
Daytime Phone #

STAPLE CHECK HERE