

2008 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000001162

FILED
Jul 08, 2008
Secretary of State

Entity Name: KULANGARA FAMILY LIMITED PARTNERSHIP I

Current Principal Place of Business:

2037 DARLINGTON OAK DRIVE
SEFFNER, FL 33584

New Principal Place of Business:

915 HICKORY FORK DRIVE
SEFFNER, FL 33584 US

Current Mailing Address:

2037 DARLINGTON OAK DRIVE
SEFFNER, FL 33584

New Mailing Address:

915 HICKORY FORK DRIVE
SEFFNER, FL 33584 US

FEI Number: 20-0143968 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

KULANGARA, JAMES M
2037 DARLINGTON OAK DRIVE
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

KULANGARA, JAMES M
915 HICKORY FORK DRIVE
SEFFNER, FL 33584 US

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.

SIGNATURE: JAMES M KULANGARA

07/08/2008

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #:

Name: JAMES, JULIA M
Address: 915 HICKORY FORK DR
City-St-Zip: SEFFNER, FL 33584

Document #:

Name: KULANGARA, JAMES M
Address: 2037 DARLINGTON OAK DRIVE
City-St-Zip: SEFFNER, FL 33584

Document #:

Name: JAMES, JENEY S
Address: 915 HICKORY FOR DR
City-St-Zip: SEFFNER, FL 33584

Document #:

Name: JAMES, JEMIE M
Address: 915 HICKORY FOR DR
City-St-Zip: SEFFNER, FL 33584

Document #:

Name: JAMES, JONATHAN M
Address: 915 HICKORY FOR DR
City-St-Zip: SEFFNER, FL 33584

ADDRESS CHANGES ONLY:

Address:
City-St-Zip: SEFFNER, FL 33584 US

Address: 915 HICKORY FORK DRIVE
City-St-Zip: SEFFNER, FL 33584 US

Address:
City-St-Zip: SEFFNER, FL 33584 US

Address:
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Address:
City-St-Zip: SEFFNER, FL 33584 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES M KULANGARA

GP

07/08/2008

Electronic Signature of Signing General Partner

Date