

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

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # A03000001412

1. Entity Name:

CARSON FAMILY PARTNERSHIP, LLLP



Principal Place of Business
4322 TIDEWATER DRIVE
ORLANDO FL 32812

Mailing Address
4322 TIDEWATER DRIVE
ORLANDO FL 32812



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
72-1575128

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARSON, BONNIE
4322 TIDEWATER DRIVE
ORLANDO FL 32812

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

Signature, typed or printed name of registered agent and firm if applicable.

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 # P03000084219
NAME B&T CARSON FAMILY CORPORATION, INC.
STREET ADDRESS 4322 TIDEWATER DRIVE
CITY-ST-ZIP ORLANDO FL 32812

STREET ADDRESS

CITY-ST-ZIP

UN00000826950
02/21/08-80063-017-508.75

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STREET ADDRESS

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: *Bonnie Carson (Bonnie Carson)* 2/9/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

407-
851-6157

STAPLE CHECK HERE