

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # A03000001632

1. Entity Name
**FRANCES L. RINES AND JAMES H. RINES FAMILY
LIMITED PARTNERSHIP**



Principal Place of Business
**15375 SOUTHWEST WARFIELD BOULEVARD
INDIANTOWN, FL 34956**

Mailing Address
**PO BOX 307
INDIANTOWN, FL 34956**



01142008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1074473

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RINES, JAMES H
15375 SOUTHWEST WARFIELD BOULEVARD
INDIANTOWN, FL 34956**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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.

01/23/08-80085-009 500.00

U00000791663
01/23/08-80085-009 500.00

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**FRANCES L. RINES AND JAMES H. RINES
15500 SW TRAIL DRIVE
INDIANTOWN, FL 34956**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

STAPLE CHECK HERE

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: *Frances L Rines* **FRANCES L RINES**

1/18/08 **772-597-3535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #