

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 01, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A03000001763 | |
| 1. Entity Name JAMES & DOROTHY MITCHELL INVESTMENTS, LTD. | |
| Principal Place of Business 8324 STATE ROAD 54 NEW PORT RICHEY, FL 34655-3003 | Mailing Address 8324 STATE ROAD 54 NEW PORT RICHEY, FL 34655-3003 |



DO NOT WRITE IN THIS SPACE

04212008 No Chg-LP

CR2E003 (12/06)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 20-0499891 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**MITCHELL, JAMES W
8324 STATE ROAD 54
NEW PORT RICHEY, FL 34655-3003**

**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.

U000000342230

05/29/08-80042-009 500.00

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.

| 12. GENERAL PARTNER INFORMATION | |
|---------------------------------|---------------------------------------|
| DOCUMENT # | P04000157680 |
| NAME | MITCHELL INVESTMENTS MANAGEMENT, INC. |
| STREET ADDRESS | 8324 STATE ROAD 54 |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 346553003 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
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| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

D. Dewey Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

✓ 4-29-08

Date

727-569-2332

Daytime Phone #

STAPLE CHECK HERE