


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 25 AM 10:45

DOCUMENT # A03883		
1. Entity Name HAINES CITY, LTD.		

Principal Place of Business 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801	Mailing Address P.O. BOX 5252 LAKELAND, FL 33807
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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



01112008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-1933661		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BOCHIS, GEORGE 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name: <u>Peter A. McFarlane</u> Street Address (P.O. Box Number is not Acceptable): <u>500 S. Florida Ave Ste 700</u> City: <u>Lakeland</u> FL Zip Code: <u>33801</u>

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: Peter A. McFarlane DATE: _____

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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P29845 A & M BUSINESS PROPERTIES, INC. 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	700125732457
		CITY-ST-ZIP	04/25/08--01005--027 **508.75
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		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: Kim S. Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kim S Kelley

4/17/08

863.647.1581

STAPLE CHECK HERE