

2008

LIMITED PARTNERSHIP ANNUAL REPORT

A04000000346

For Office Use Only DO NOT WRITE IN THIS SPACE

DOCUMENT # Dr. ALEXANDER B. SMITH  
 1. Entity Name ALEXANDER B Smith family LIMITED PARTNERSHIP



FILED  
08 FEB -7 PM 12: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

CR2E003B (5/07)

DUE BY MAY 1

4. FEI Number  Applied For  Not Applicable

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

6. DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent  
 Name Dr. ALEXANDER B. SMITH  
 Street Address (P.O. Box Number is Not Acceptable) 67 ANCHOR DR. UNIT A OCEAN REEF CLUB  
 City Key Largo FL 33037

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 Dr. Alexander B. Smith DATE \_\_\_\_\_  
 11. Jan. - May 1 Fee is \$500.00 After May 1 Fee is \$900.00 MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # <u>20-015014</u>	<u>ALEXANDER B. SMITH (TRUSTEE)</u> <u>67 ANCHOR DR. UNIT A</u> <u>NORTH KEY LARGO, FL 33037</u> <u>PHONE: 20-0450756</u>
DOCUMENT #	<u>ALEXANDER B. SMITH - 055-16-1201</u> <u>67 ANCHOR DR. UNIT A</u> <u>NORTH KEY LARGO - FL 33037</u>
DOCUMENT #	<u>PAMELA RAYMOND SMITH - 004-72</u> <u>168 SOUTH PLEASANT ST</u> <u>MIDDLEBURY, VT. 05755</u>
DOCUMENT #	<u>KIRK AND B. SMITH SPECIAL NEEDS</u> <u>ALEXANDER B. SMITH TRUSTEE TRUST</u> <u>67 ANCHOR DR. UNIT A</u> <u>NORTH KEY LARGO, FL 33037</u>
DOCUMENT #	<u>RIEYARD B. HINTON - 062-26-9558</u> <u>19 POWELL PLACE</u> <u>GLEN COVE, N.Y. 11542</u>
DOCUMENT #	<u>JOHN W. GRIFFIN - 476-50-6206</u> <u>4605 RAYMOND DRIVE</u> <u>LONGMONT, CO. 80503</u>

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up 2/7/08

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: Dr. Alexander B. Smith DATE 12/03/07 PHONE FL. 805-367-3393 N.Y. 914-723-1528

STAPLE CHECK HERE