


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000000734 1. Entity Name SSR FAMILY, LTD	
---	---

Principal Place of Business 3300 PHILIPS HIGHWAY JACKSONVILLE, FL 32207	Mailing Address PO BOX 5369 JACKSONVILLE, FL 32247
---	--

DO NOT WRITE IN THIS SPACE



02062008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-1246592	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 MCGEHEE, F. SUTTON JR 3300 PHILIPS HIGHWAY JACKSONVILLE, FL 32207
--

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.

U000000913003

05/13/08-90000-007 500.00

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 #	L04000032281
NAME	AMR FAMILY, LLC
STREET ADDRESS	3300 PHILIPS HIGHWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32207
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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: Ann M. Riley Ann M. Riley
Managing Member 2-14-08
Date Daytime Phone #

(904)
348
3300

AMR Family, LLC

STAPLE CHECK HERE