2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # A	04000000736
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1. Entity Name MR FAMILY, LTD.



Principal Place of Business

3300 PHILIPS HWY JACKSONVILLE, FL 32207

Mailing Address

PO BOX 5369

JACKSONVILLE, FL 32207



02062008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1246541

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

MCGEHEE, F. SUTTON JR 3300 PHILIPS HWY JACKSONVILLE, FL 32207

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8.	. The above named entity submits this statement for the purpose of changing its registered office or registered age	nt, or both, in	the State of Florida.	I am familiar with, and accep-
	the obligations of registered agent.			
			U00000919	9012

-05/13/09-90107-909-500:00

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.

ĺ	12. GENERAL PARTNER INFORMATION			
١	DOCUMENT #	L04000032281		
ı	NAME	AMR FAMILY, LLC		
	STREET AODRESS	3300 PHILIPS HWY		
	CITY-ST-ZIP	JACKSONVILLE, FL 32207		
	DOCUMENT #			
	NAME			
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5	NAME			
	STREET ADDRESS			
	City-St-Zip			

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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

Ann M. Riley

SIGNATURE: Clum

Managina

Member

2-14.08

348

Daytime Phone #

AMR Family, LLC