

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

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

DOCUMENT # A04000000737

1. Entity Name
TGR FAMILY, LTD.



Principal Place of Business
**3300 PHILIPS HWY
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

65-1246502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCGEHEE, F. SUTTON JR
3300 PHILIPS HWY
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.

000000010011

05/13/08-80107-008 500.00

**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 HWY**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

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IN THIS SPACE**

STAPLE CHECK HERE

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**

(904)
348-
3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

AMR Family, LLC