

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000000747**

1. Entity Name  
LUKE 1248, LTD.



Principal Place of Business  
13209 OLD CRYSTAL RIVER ROAD  
BROOKSVILLE, FL 34601

Mailing Address  
13209 OLD CRYSTAL RIVER ROAD  
BROOKSVILLE, FL 34601



01052006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

TAYLOR, MARK C  
13209 OLD CRYSTAL RIVER ROAD  
BROOKSVILLE, FL 34601

**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.

1000000382316  
01/12/06-80003-015 500.00

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 #  
NAME  
TAYLOR, MARK C  
STREET ADDRESS  
13209 OLD CRYSTAL RIVER ROAD  
CITY-ST-ZIP  
BROOKSVILLE, FL 34601

DOCUMENT #  
NAME  
TAYLOR, SHARON O  
STREET ADDRESS  
13209 OLD CRYSTAL RIVER ROAD  
CITY-ST-ZIP  
BROOKSVILLE, FL 34601

DOCUMENT #  
NAME  
LOWMAN, BEVERLY, CUSTODIAN FOR A.C. TAYLOR  
STREET ADDRESS  
13209 OLD CRYSTAL RIVER ROAD  
CITY-ST-ZIP  
BROOKSVILLE, FL 34601

DOCUMENT #  
NAME  
LOWMAN, BEVERLY, CUSTODIAN FOR C.E. TAYLOR  
STREET ADDRESS  
13209 OLD CRYSTAL RIVER ROAD  
CITY-ST-ZIP  
BROOKSVILLE, FL 34601

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARK C. TAYLOR

1/6/06

352 7996395

Daytime Phone #

STAPLE CHECK HERE