

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 11, 2008 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**



01042008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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.

DATE _____

**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 #	
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	

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02/20/08-80040-013 500.00

**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

Date

Daytime Phone #

Sharon O Taylor Sharon O. Taylor 2/7/08 352-799-6393

STAPLE CHECK HERE