2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

DOCUMENT # A0400000863

1. Entity Name

STAPLE CHECK HERE

SIGNATURE:

SCHRIMSHER PARTNERS, LLLP



FILED Mar 12, 2008 08:00 A Secretary of State

	·					
Principal Place of Business Mailing Audress						ŧ.
600 EAST COLONIAL DR, STE 100 ORLANDO FL 32803		600 EAST COLONIAL DR, STE 100 ORLANDO FL 32803				
2. Principal Place of Business - No P.O. Bex # 3. Mailing Address						
Suite, Apt #, etc.		Suite, Apt. #, etc.		1st MOORE CR2EC	003 (10/07)	
City & State		City & State		4. FEI Number 20-1234247	Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			_li	7. Name and Address of New Registered Agent		
				Name		
600	HRIMSHER, J. STEVEN EAST COLONIAL DR, STE	100	Street Ad		s (P.O. Box Number is Not Acceptable)	
ORL	ANDO FL 32803					
				City	F	Zip Code
	e named entity submits this statement f e obligations of registered agent.	or the purpose of changing	its registe	red office or registi	ered agent, or both, in the State of Florida.	I am familiar with, and
SIGNATURE Squature, typed or printed name of registerial agent and of earliester. DATE						
FILE NOW!!! Fee is \$500.*** After May 1, 2008, fee will be \$900. ***, Make check payable to Florida Department of State.						
14. L . F. F 20. L.						
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 PARTNE	NFORMATION	13.		ADDRESS CHANGES	ONLY
DOCUMENT ≠ NAME	SCHRIMSHER, PAMELA W		STRE	ET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP			
CITY-ST-ZIP						
DOCUMENT #			STREE	ET ADDRESS		
NAME STREET ADDRESS	SCHRIMSHER, DEBORAH G 600 EAST COLONIAL DR, STE 10	n			#AAAAA85589	7
CITY-ST-ZIP	ORLANDO FL 32803		CITY-	SI-ZIP	000000033503 03/27/08-80051	-014 500.00
DOCUMENT # NAME	SCHRIMSHER, TINA S 600 EAST COLONIAL DR, STE 100 ORLANDO FL 32803		STREE	ET ADDRESS		
STREET ADDRESS CITY-ST-7IP			CITY-	·ST - ZIP		
DOCUMENT #	WAGNER, PAMELA J		STREE	ET ACCURESS	* 1 M ANY	
STREET ADDRESS CITY-ST-ZIP			CITY-	ST ZIP		
DOCUMENT #		•	STREE	ET ADDRESS		
STREET ADDRESS	os de la companya de		CITY-	SI-ZIP		,
DOCUMENT #		<u> </u>	STHEE	TT ADDRESS		
NAME STREET ADDRESS			CITY-ST-ZIP		1	
CITY-ST-ZIP						
indicated	certify that the information supplied wit on this report is true and accurate and seiver or trustee empowered to execute	l that my signature shall hav	e the same	e legal effect as if n	d in Chapter 119, Florida Statures. I further nade under oath; that I am a General Parthe	certify that the information or of the limited partnership

ATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Deborah G. Schrimshar 3-10-08