


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 23 AM 11:03

DOCUMENT # A04000000957		
1. Entity Name THE FAMILY CAVE LIMITED PARTNERSHIP		

Principal Place of Business 1830 2ND AVENUE NORTH LAKE WORTH, FL 33461	Mailing Address PO BOX 1677 BOCA RATON, FL 33429
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2. Principal Place of Business - No P.O. Box # 883 GLOUCESTER ST.	3. Mailing Address 883 GLOUCESTER ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BOCA RATON FL.	City & State BOCA RATON, FL.
Zip 33487	Country USA
Zip 33487	Country USA



04102008 Chg-LP CR2E003 (12/06)

4. FEI Number 55-0869362		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BOHLMAN, NADIA 883 GLOUCESTER STREET BOCA RATON, FL 33487-3211		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # P04000083148	NAME THE FAMILY CAB CORPORATION	STREET ADDRESS 1830 2ND AVENUE NORTH	CITY-ST-ZIP LAKE WORTH, FL 33461
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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 04/22/08--01017--002 **500.00

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: Nadia Bohler 4/18/08 561-997-6611
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE