

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**

**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000001121**

1. Entity Name  
**THE ADAMS LIMITED FAMILY PARTNERSHIP, LTD.**



Principal Place of Business  
**2356 NW 111 AVE  
SUNRISE, FL 33322**

Mailing Address  
**2356 NW 111 AVE  
SUNRISE, FL 33322**



01112008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

**20-1419581**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**GOLDSTEIN, LISA K ESQ  
1000 CORPORATE DR, 7TH FLOOR  
FT LAUDERDALE, FL 33334**

**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**

U000000946260  
05/30/08-80042-005 500.00

**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  
STREET ADDRESS  
CITY - ST - ZIP  
**ADAMS, WILLIAM L TRUSTEE  
2356 NW 111 AVE  
SUNRISE, FL 33322**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ADAMS, NANCY F TRUSTEE  
2356 NW 111 AVE  
SUNRISE, FL 33322**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
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CITY - ST - ZIP

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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

Date

Daytime Phone #

*W L Adams* *5/28/08* *(954) 749-1763*