


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

FILED
Mar 20, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000001336					
1. Entity Name THE FLIGNOR FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 3880 COCONUT CREEK PARKWAY, SUITE 100 COCONUT CREEK FL 33066			Mailing Address C/O WILLIAM A. FLIGNOR 3880 COCONUT CREEK PARKWAY, SUITE 100 COCONUT CREEK FL 33066		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0960565				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 WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FT. LAUDERDALE FL 33316			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 _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>					
FILE NOW!!! Fee is \$500.*** After May 1, 2008, fee will be \$900.*** Make check payable to Florida Department of State.					
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 #	NAME		STREET ADDRESS		
NAME	FLIGNOR, WILLIAM A		CITY-ST-ZIP		
STREET ADDRESS	3880 COCONUT CREEK PARKWAY, SUITE 100				
CITY-ST-ZIP	COCONUT CREEK FL 33066				
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CITY-ST-ZIP					
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: <u>Wm A. Flignor</u> <u>William A. Flignor</u> <u>3/17/08</u> <u>(954) 923-9666</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					



1st MOORE CR2E003 (10/07)

STAPLE CHECK HERE