

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A04000001346

1. Entity Name
SMOKEY ENTERPRISES LIMITED, LLLP



Principal Place of Business
**8502 KENTUCKY DERBY DR.
ODESSA, FL 33556**

Mailing Address
**8502 KENTUCKY DERBY DR.
ODESSA, FL 33556**

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07092008 No Chg-LP CR2E003 (12/06)

4. FEI Number
20-1471277

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

**F & L CORP
ONE INDEPENDENT DRIVE, STE. 1300
JACKSONVILLE, FL 32202**

**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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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
**CABALE, EMILIANO L
8502 KENTUCKY DERBY DR.
ODESSA, FL 33556**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**CABALE, MATILDE Y
8502 KENTUCKY DERBY DR.
ODESSA, FL 33556**

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NAME
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CITY - ST - ZIP

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U000000954293
07/11/08-80003-026 500.00

**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: _____

Emiliano L. Cabale **EMILIANO L. CABALE** **7/9/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE