

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 11 AM 11:34

**DOCUMENT # A04000001578**

1. Entity Name  
**PICKETTville PARTNERS, LTD.**



Principal Place of Business  
**2305 MILLER OAKS DR. SOUTH  
JACKSONVILLE, FL 32217**

Mailing Address  
**2305 MILLER OAKS DR. SOUTH  
JACKSONVILLE, FL 32217**



03192008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>41-2153544</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**F & L CORP.  
ONE INDEPENDENT DRIVE, SUITE 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.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

200123023432  
04/11/08--01020--022 \*\*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 #	<b>P04000138723</b>
NAME	<b>PICKETTville PARTNERS, INC.</b>
STREET ADDRESS	<b>2305 MILLER OAKS DR. SOUTH</b>
CITY - ST - ZIP	<b>JACKSONVILLE, FL 32217</b>

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**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

*Laura Henry Allen*

*3/26/08*

Date

*904 296 8006*

Daytime Phone #

STAPLE CHECK HERE