


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000001614 1. Entity Name SUSAN HOUNSOM FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 811 GARFISH AVENUE NEW SMYRNA BEACH, FL 32169	Mailing Address 811 GARFISH AVENUE NEW SMYRNA BEACH, FL 32169
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01052008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1424506	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 HOUNSOM, SUSAN 811 GARFISH AVENUE NEW SMYRNA BEACH, FL 32169
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**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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>
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FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00
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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	HOUNSOM, SUSAN
STREET ADDRESS	811 GARFISH AVENUE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

U000000947451
06/02/08-80013-022 500.00

**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
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SIGNATURE: X <i>Sy Berens</i> 4/30/08 366 314 50 79	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #
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STAPLE CHECK HERE