

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 8:20

DOCUMENT # A04000001670

1. Entity Name
 DANIEL FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 601 LONGBOAT CLUB ROAD
 SUITE 1101-S
 LONGBOAT KEY, FL 34228

Mailing Address
 601 LONGBOAT CLUB ROAD
 SUITE 1101-S
 LONGBOAT KEY, FL 34228



2. Principal Place of Business - No P.O. Box #
 1301 N. Tamiami Trail

3. Mailing Address
 1301 N. Tamiami Trail

Suite, Apt. #, etc. 614

Suite, Apt. #, etc. 614

04162008 Chg-LP CR2E003 (12/06)

City & State
 Sarasota, FL

City & State
 Sarasota, FL

4. FEI Number
 65-0763925

Applied For
 Not Applicable

Zip
 34236

Country

Zip
 34236

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREGORIA, RIC
 200 S ORANGE AVE
 SARASOTA, FL 34236

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

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

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
 L06000014892
 DANIEL FAMILY LLC
 601 LONGBOAT CLUB ROAD, SUITE 1101-S
 LONGBOAT KEY, FL 34228

13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP
 1301 N. Tamiami Trail; Apt #614
 Sarasota, FL 34236

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

100128078131
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 CITY-ST-ZIP

STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE