

2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008

DOCUMENT # A04000001689

1. Entity Name  
PLATT ROAD FARMS, LTD.



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 14 PM 1:23

Principal Place of Business  
5115 JOANNE KEARNEY BLVD  
TAMPA, FL 33619

Mailing Address  
PO BOX 5299  
TAMPA, FL 33675-5299

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01182008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number 20-1818584	Applied For
	Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

REED, JAMES M  
5115 JOANNE KEARNEY BLVD  
TAMPA, FL 33619

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L04000077345 NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	600123263896 04/14/08--01028--006 **\$38.75
DOCUMENT #		STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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

4/11/08

(813) 435-7777

Date

Daytime Phone #