

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000001712

**FILED**  
**Apr 15, 2008**  
**Secretary of State**

**Entity Name:** LOUISE NEWMAN FAMILY LIMITED PARTNERSHIP, LTD.

**Current Principal Place of Business:**

6103 121ST AVENUE EAST  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

6103 121ST AVENUE EAST  
PARRISH, FL 34219

**New Mailing Address:**

**FEI Number:** 20-1826282

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WITT, RONALD E  
1400 4TH AVENUE WEST  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: NEWMAN, LOUISE W TRUSTEE

Address: 6103 121ST AVENUE EAST

City-St-Zip: PARRISH, FL 34219

Document #:

Name: GILLETT, W A JR.

Address: 6103 121ST AVENUE EAST

City-St-Zip: PARRISH, FL 34219

Document #:

Name: GILLETT, DARREN A

Address: 4110 PROVIDENCE SQUARE

City-St-Zip: ALPHARETTA, GA 30004

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DARREN A. GILLETT

GP

04/15/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date