

FILED
Apr 14, 2008 08:00 AM
Secretary of State

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A04000001755

1. Entity Name
BETHEL VALLEY, LTD.



Principal Place of Business
499 NORTH FERDON BOULEVARD
CRESTVIEW, FL 32536

Mailing Address
499 NORTH FERDON BOULEVARD
CRESTVIEW, FL 32536



02142008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
11-3733311

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUSSELL, DAVID A
499 N FERDON BLVD
CRESTVIEW, FL 32536

**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

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	RUSSELL, DAVID A
STREET ADDRESS	P.O. BOX 757
CITY-ST-ZIP	CRESTVIEW, FL 32536
DOCUMENT #	
NAME	DEAN, DARLENE
STREET ADDRESS	829 HOLBROOK LANE
CITY-ST-ZIP	FT WALTON BEACH, FL 32548
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000897351
04/25/08-80044-019 500.00

**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

SIGNATURE: *David A Russell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/08

Date

682-3073

Daytime Phone #

STAPLE CHECK HERE