2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

STAPLE CHECK HERE

FILED Apr 30, 2008 08:00 AN Secretary of State

DOCUMENT # A0400001938 1. Entry Name THE ANGUS W. GRAHAM, JR. FAMILY LIMITED PARTNERSHIP							Secre	tary of St
Principal Place of Business 8012 FIRST AVENUE WEST BRADENTON, FL 34209		Mailing Address 8012 FIRST AVENUE WEST BRADENTON, FL 34209				, , , , , , , , , , , , , , , , , , ,		
Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt #, etc.			02202008	Chg-LP	CR2E003	(12/06)
City & State		City & State			4. FEI Numbor 27-0113			Applied For Not Applicable
Zip	Country	Zip Cour		ry	5. Certificate o	f Status Desired		.75 Additional Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
GRAHAM, ANGUS W JR. 8012 FIRST AVENUE WEST BRADENTON, FL 34209				Name Street Address (P.O. Box Number is Not Acceptable)				
				City			FL	Zıp 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 ————————————————————————————————————								
Skynature Typed or printed name of registered agent and take if applicable. DATE								
		W!!! FEE IS \$500.00 2008, Fee will be \$900	0.00					
	A GENERAL PARTNER NOTE: General Partners MA	THAT IS A BUSINESS EN						er.
			13.			ADDRESS CHA		
DOCUMENT / NAME STREET ADDRESS	GRAHAM, ANGUS W JR. 8012 FIRST AVENUE WEST BRADENTON, FL 34209		STREE	T ADDRESS			00937699 3-80062-	001 500.00
CITY ST ZIP			CITY-	ST-ZIP	<u> </u>	- Caramana - Arrest		
DOCUMENT / NAME	GRAHAM, WYLENE B 8012 FIRST AVENUE WEST		STREE	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-	SI-ZIP				
DOCUMENT # NAME			STRCE	T ADDRESS			•	
STREET ADDRESS CITY-ST-7IP			CITY-	S1-7IP	· · · · · · · · · · · · · · · · · · ·			
DOCUMENT # NAME			STREE	T ADDRESS				
STREET AUDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY	ST-ZIP	· .	·····		·· <u>··</u>
DOCUMENT # NAME			STREE	T ADDRESS				
STREET ADDRESS			CITY-:	\$1-ZIP				
DOCUMENT # NAME			STREE	T ADDRESS				
STREET ADDRESS CITY-ST-7IP			CITY-	SI-ZIP				
indicated	certify that the information supplied with on this report is true and accurate and elever or trustee emptywered to execute	that my signature shall have t	the same	legal effect as if m	d in Chapter 119, ade under oath;	Florida Statutes that I am a Gener	I further certify al Partner of the	that the information imited partnership

SIGNATURE: My Whohe MD ANGUS W. GRAHAM, JR, 04/25/08 941 792 8613