

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000001949**

1. Entity Name  
**BUN'S RANCH LIMITED PARTNERSHIP**



Principal Place of Business 3335 U.S. 27 SOUTH SEBRING, FL 33870	Mailing Address 3335 U.S. 27 SOUTH SEBRING, FL 33870
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**DO NOT WRITE IN THIS SPACE**



04232008 No Chg-LP      CR2E003 (12/06)

4. FEI Number 20-1984291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, LENNY**  
 3335 U.S. 27 SOUTH  
 SEBRING, FL 33870

**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 *Glenn S. Soper*      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 #	L04000072092
NAME	BUN'S RANCH MANAGEMENT GROUP, LLC
STREET ADDRESS	3335 U.S. 27 SOUTH
CITY-ST-ZIP	SEBRING, FL 33870
DOCUMENT #	
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U00000938656  
 05/27/08-80101-001 500.00

**DO NOT WRITE IN THIS SPACE**

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: *Glenn S. Soper*      4-28-08      863 382 2187

\* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #