

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # A05000000176

1. Entity Name
THE TOOCHINDA FAMILY PARTNERSHIP, LTD.



Principal Place of Business
**855 EAST SANDPIPER STREET
APOPKA, FL 32712 US**

Mailing Address
**855 EAST SANDPIPER STREET
APOPKA, FL 32712 US**



01042008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1312580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WOODS, JONATHAN D ESQ
425 WEST COLONIAL DRIVE, STE. 204
ORLANDO, FL 32804**

**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 #	L04000029979
NAME	TOOCHINDA LIMITED COMPANY
STREET ADDRESS	855 EAST SANDPIPER STREET
CITY-ST-ZIP	APOPKA, FL 32712

DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	

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U000000781317
01/15/08-80030-008 500.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

PICHA TOOCHINDA

1-4-08 (407) 889-3175