

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 25 AM 10:42

DOCUMENT # A05000000264	
1. Entity Name DESOTO LAND HOLDINGS, LLLP	



Principal Place of Business 2911 NE PINE ISLAND RD CAPE CORAL, FL 33909	Mailing Address 2911 NE PINE ISLAND RD CAPE CORAL, FL 33909
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2. Principal Place of Business - No P.O. Box # 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903	3. Mailing Address 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903
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01072008 Chg-LP CR2E003 (12/06)

Zip	Country	Zip	Country
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4. FEI Number 20-2293891	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KYLE, KEVIN A 1520 ROYAL PALM SQUARE BLVD, STE 320 FORT MYERS, FL 33919	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip 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	DATE 2-4-08

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 #	FULLENKAMP, DENNIS J
NAME	2911 NE PINE ISLAND RD
STREET ADDRESS	CAPE CORAL, FL 33909
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	Fullenkamp, Dennis J.
CITY-ST-ZIP	3443 Hancock Bridge Parkway
	Suite 301
	N. Fort Myers, FL 33903
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

500125590085
 04/24/08--01044--004 **500.00

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:	DATE 2-4-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	
Daytime Phone # 239-495-4884	

STAPLE CHECK HERE