

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

**FILED**

**08 JAN 29 PM 2:59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # A05000000417**

1. Entity Name  
**ANDSON, LLLP**



Principal Place of Business  
**3902 VILLA SAN JOSE DR  
JACKSONVILLE, FL 32217**

Mailing Address  
**3902 VILLA SAN JOSE DR  
JACKSONVILLE, FL 32217**

2. Principal Place of Business - No P.O. Box #  
**6110-12 Powers Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**6110-12 Powers Avenue**  
Suite, Apt. #, etc.

01052008 Chg-LP CR2E003 (12/06)



City & State  
**Jacksonville, FL**  
Zip  
**32217**  
Country  
**U.S.**

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4. FEI Number  
**20-2400898**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FISHER, TOUSEY, LEAS & BALL, P.A.  
818 NORTH A1A, SUITE 104  
PONTE VEDRA BEACH, FL 32082**

**7. Name and Address of New Registered Agent**

Name  
**Michael S. Drews**  
Street Address (P.O. Box Number is Not Acceptable)  
**8823 San Jose Blvd, Suite 211**  
City  
**Jacksonville** **FL** Zip Code  
**32217**

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 *Michael S. Drews* **MICHAEL S. DREWS** **1/7/08**  
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	<b>ANDERSON, AUGUSTUS E III</b>	CITY-ST-ZIP	<b>000116635070</b>
STREET ADDRESS	<b>3902 VILLA SAN JOSE DR</b>		<b>02/01/08--01004--025 **500.00</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32217</b>	STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
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NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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: *C. S. Smith III* **1/7/08** **904-733-9007**  
Signature and TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE