


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

**FILED
Apr 25, 2008 08:00 AM
Secretary of State**

DOCUMENT # A0500000510 1. Entity Name C & S FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 55002 FAMILY CT. CALLAHAN, FL 32011	Mailing Address 55002 FAMILY CT. CALLAHAN, FL 32011
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DO NOT WRITE IN THIS SPACE



02122008 No Chg-LP CR2E003 (12/06)

4. FEI Number 04-3807656	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

**CARTER, JOHNNY EARL
55002 FAMILY CT.
CALLAHAN, FL 32011**

**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.

UD000000000000
05/15/08-00051-008 500.00

**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 # NAME STREET ADDRESS CITY - ST - ZIP	CARTER, JOHNNY EARL 55002 FAMILY CT. CALLAHAN, FL 32011
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	CARTER, LAURA S 55002 FAMILY CT. CALLAHAN, FL 32011
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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**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: *Laura S. Carter* **4/21/08** **(904) 879-1042**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #