


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

DOCUMENT # A05000000569 1. Entity Name L & M BOONE INVESTMENTS, LIMITED PARTNERSHIP	
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Principal Place of Business 271 BELL DAWSON ROAD PONCE DE LEON, FL 32455 <i>1414 Otter Pond Rd. Westville, FL 32464</i>	Mailing Address 271 BELL DAWSON ROAD PONCE DE LEON, FL 32455 <i>Same</i>
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DO NOT WRITE IN THIS SPACE

FILED
08 FEB 19 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02042008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-2528421	Applied For <input type="checkbox"/> 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 HENDERSON, JOSEPH 45 BEAL PARKWAY, N.E. FORT WALTON BEACH, FL 32549

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 #	L05000026307
NAME	BOONE MANAGEMENT, LLC
STREET ADDRESS	271 BELL DAWSON ROAD <i>1414 Otter Pond Rd.</i>
CITY-ST-ZIP	PONCE DE LEON, FL 32455 <i>Westville, FL 32464</i>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

000118555580
02/21/08--01038--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: *[Signature]* **OR** *1/8/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE