


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

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A05000000780</b> 1. Entity Name <b>STOTTLEMYER PARTNERS, LLLP</b>	
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Principal Place of Business <b>340 SOUTH PALM AVENUE, #103 SARASOTA, FL 34236</b>	Mailing Address <b>340 SOUTH PALM AVENUE, #103 SARASOTA, FL 34236</b>
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**DO NOT WRITE IN THIS SPACE**



03252008 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>20-2976588</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>TURNER, JAMES L 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236</b>
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**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.

<b>FILE NOW!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>	
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**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 #	<b>L05000037989</b>
NAME	<b>CES, LLC</b>
STREET ADDRESS	<b>340 SOUTH PALM AVENUE, #103</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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04/22/08-80105-004 500.00

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:**  **4-7-08 9419555544**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE