


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # A05000000831 1. Entity Name D & L FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 100 VILLA COURT PANAMA CITY BEACH, FL 32413	Mailing Address 100 VILLA COURT PANAMA CITY BEACH, FL 32413
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-2379803	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GILMORE, DOUGLAS E 100 VILLA COURT PANAMA CITY BEACH, FL 32413
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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

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	GILMORE, DOUGLAS E 100 VILLA COURT PANAMA CITY BEACH, FL 32413
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GILMORE, LORRAINE M 100 VILLA COURT PANAMA CITY BEACH, FL 32413
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04/28/08-80022-019 500.00

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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: *T. Schoppa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE