

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 JAN 30 PM 4:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01072008 Chg-LP CR2E003 (12/06)

DOCUMENT # A05000001014

1. Entity Name
SOFRAN TUSKALOMA, LTD.



Principal Place of Business
848 A-1-A NORTH, SUITE 203
PONTE VEDRA BEACH, FL 32082

Mailing Address
848 A-1-A NORTH, SUITE 203
PONTE VEDRA BEACH, FL 32082

2. Principal Place of Business - No P.O. Box #
4312 Pablo Professional Ct.
 Suite, Apt. #, etc.

3. Mailing Address
4312 Pablo Professional Ct.
 Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip
32224
Country
USA

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Jacksonville, FL
Zip
32224
Country
USA

4. FEI Number
20-3037643

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROULEAU, ROBERT
~~**848 A-1-A NORTH, SUITE 203**~~
~~**PONTE VEDRA BEACH, FL 32082**~~
4312 Pablo Professional Court
Jacksonville, FL 32224

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 fee 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

DOCUMENT # **P00441**
NAME **THE SOFRAN CORPORATION**
STREET ADDRESS ~~**848 A-1-A NORTH, SUITE 203**~~
CITY - ST - ZIP ~~**PONTE VEDRA BEACH, FL 32082**~~

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **4312 Pablo Professional Court**
CITY - ST - ZIP **Jacksonville, FL 32224**

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS **400116323184**
CITY - ST - ZIP **01/29/08--01013--012 **500.00**

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/8/08

Date

904/821-8098

Daytime Phone #

STAPLE CHECK HERE