

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

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

DOCUMENT # A05000001132

1. Entity Name
CASEY WALES FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**5200 N FEDERAL HIGHWAY, SUITE 21101
FT. LAUDERDALE, FL 33308**

Mailing Address
**5200 N FEDERAL HIGHWAY, SUITE 21101
FT. LAUDERDALE, FL 33308**



04222008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2478850

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CASEY, MARGIE
5200 N FEDERAL HIGHWAY, SUITE 21101
FT. LAUDERDALE, FL 33308**

**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.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

000000922890
05/16/08-80051-021 500.00

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
	CASEY, DENNIS	5200 N FEDERAL HIGHWAY, SUITE 21101	FT. LAUDERDALE, FL 33308
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	CASEY, MARGIE	5200 N FEDERAL HIGHWAY, SUITE 21101	FT. LAUDERDALE, FL 33308
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

4/21/08
Date

6344524343
Daytime Phone #

STAPLE CHECK HERE