

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 APR 11 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A05000001464

1. Entity Name
TAK-1 FAMILY LTD.



Principal Place of Business
409 EL DESTINADO DRIVE
TALLAHASSEE, FL 32312

Mailing Address
409 EL DESTINADO DRIVE
TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE



04112008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-3812588

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, THOMAS A
409 EL DESTINADO DRIVE
TALLAHASSEE, FL 32312

**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

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
KLEIN, THOMAS A
409 EL DESTINADO DRIVE
TALLAHASSEE, FL 32312

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
KLEIN, ELIZABETH A
409 EL DESTINADO DRIVE
TALLAHASSEE, FL 32312

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

200123073832
04/14/08--01004--005 **500.00

**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

Date

Daytime Phone #

Thomas A. Klein 4/11/08 (850) 222-3329

STAPLE CHECK HERE