


2608 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # A05000001551 1. Entity Name MARK L. MCCLENDON FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 1020 NORTH MILLS AVENUE ARCADIA, FL 34266	Mailing Address 1020 NORTH MILLS AVENUE ARCADIA, FL 34266
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01102008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3260681	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCLENDON, MARK L 1020 NORTH MILLS AVE. ARCADIA, FL 34266

**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 #	P98000029892
NAME	MARK L. MCCLENDON, P.A.
STREET ADDRESS	1020 NORTH MILLS AVE.
CITY-ST-ZIP	ARCADIA, FL 34266
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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01/15/08-80064-006 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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:

Mark L. McCleendon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-10-08 863-494-6116
Date Daytime Phone #