

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A05000001728**

1. Entity Name  
LINDA B. HOWARD FAMILY INVESTMENTS, LTD.



Principal Place of Business  
20781 SALIDA TERRACE  
BOCA RATON, FL 33433-1641 US

Mailing Address  
20781 SALIDA TERRACE  
BOCA RATON, FL 33433-1641 US



04022008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
20-3468679

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HOWARD FAMILY INVESTMENTS MANAGEMENT, LLC  
20781 SALIDA TERRACE  
BOCA RATON, FL 33433-1641

**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**

U00000898135  
04/25/08-80077-001 500.00

**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 # L05000087645  
NAME HOWARD FAMILY INVESTMENTS MANAGEMENT, LLC  
STREET ADDRESS 20781 SALIDA TERRACE  
CITY-ST-ZIP BOCA RATON, FL 334331641

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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 #

4-10-08