

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 4:28

DOCUMENT # A05438

1. Entity Name
 EDDY PROPERTIES, LTD.



Principal Place of Business
 25 COUNTY ROAD 15
 BUNNELL, FL 32110

Mailing Address
 25 COUNTY ROAD 15
 BUNNELL, FL 32110



2. Principal Place of Business - No P.O. Box #

45 SETON TRAIL

3. Mailing Address

45 SETON TRAIL

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

ORMOND BEACH FL

City & State

ORMOND BEACH FL

Zip

32176

Country

U.S.A.

Zip

32176

Country

U.S.A.

03182008

Chg-LP

CR2E003 (12/06)

4. FEI Number

59-1714858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EDDY, J.MICHAEL
 45 SETON TRAIL, SUITE 101
 ORMOND BEACH, FL 32176

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 title if applicable.

DATE

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

200128286102
 05/02/08--01003--018 **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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	520053	STREET ADDRESS	
NAME	THE EDDY CORPORATION	CITY - ST - ZIP	
STREET ADDRESS	25 COUNTY ROAD 15		
CITY - ST - ZIP	BUNNELL, FL 32110		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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:

F. RAYMOND EDDY

4/7/08

386 677 3595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #