## **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

## Due By May 1, 2008

DOCUMENT # A0600000163

THE LILLIAN B. SIMS FAMILY, LLLP



Principal Place of Business

BUTZEL LONG, P.C.

1200 NORTH FEDERAL HIGHWAY SUITE 420 BOCA RATON, FL 33432

Mailing Address

BUTZEL LONG, P.C.

1200 NORTH FEDERAL HIGHWAY SUITE 420

BOCA RATON, FL 33432

**FILED** Apr 11, 2008 08:00 All Secretary of State



Militari Amerika balajan kulih di sisaaran daa ee uu kalaari 1860, ee aabeeda sija

04032008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-4212423 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

RAYMOND, JOHN L JR. BUTZEL LONG, P.C. 1200 NORTH FEDERAL HIGHWAY SUITE 420 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

ભાષાને મુક્કિમાં ઉપાદ મુક્કિમાં કે જિલ્લા કાઈ કુંટી જાણ છે. અને હોતો હાલ

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 little 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

<u> </u>		
	12.	GENERAL PARTNER INFORMATION
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	MILLSPAUGH, SANDRA S 95 PINKERTON CORNER FAIRVIEW, NC 28730
	DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	MILLSPAUGH, DAVID L 95 PINKERTON CORNER FAIRVIEW, NC 28730
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT #  NAME  STREET ADDRESS  CITY ST-71P	

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14. I nereby 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: