


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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 08 MAR 11 PM 1:07

DOCUMENT # A06000000641		
1. Entity Name PRINGLE INVESTMENTS, LLLP		

Principal Place of Business 733 BOYLSTON STREET LEESBURG, FL 34748	Mailing Address 733 BOYLSTON STREET LEESBURG, FL 34748
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2. Principal Place of Business - No P.O. Box # 175 LAKESIDE DR E Suite, Apt. #, etc.	3. Mailing Address ← SAME Suite, Apt. #, etc.
City & State PORT ORANGE, FL Zip 32128 Country US	City & State Zip Country

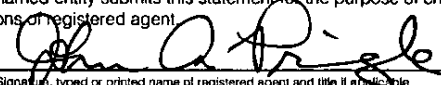


02142008 Chg-LP CR2E003 (12/06)

4. FEI Number 28-4870931 APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRINGLE, ELISABETH B 733 BOYLSTON STREET LEESBURG, FL 34748	7. Name and Address of New Registered Agent Name JOHN A. PRINGLE Street Address (P.O. Box Number is Not Acceptable) 175 LAKESIDE DR E City PORT ORANGE FL Zip Code 32128
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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

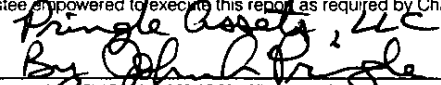
Signature is, typed or printed name of registered agent and title if applicable.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L06000048604 PRINGLE ASSETS, LLC 175 LAKESIDE DR E 733 BOYLSTON STREET LEESBURG, FL 34748	STREET ADDRESS CITY-ST-ZIP	175 LAKESIDE DR E PORT ORANGE, FL 32128
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	000119236950 03/03/08--01004--005 **500.00
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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:  JOHN A. PRINGLE 2/20/08 352-280-7008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE