

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A06000000652

1. Entity Name
WILLIAM T. VICKERS FAMILY LIMITED PARTNERSHIP



Principal Place of Business
1600 MARINA BAY DRIVE, UNIT 406
PANAMA CITY, FL 32409

Mailing Address
1600 MARINA BAY DRIVE, UNIT 406
PANAMA CITY, FL 32409



01052008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4523133

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VICKERS, WILLIAM T
1600 MARINA BAY DRIVE, UNIT 406
PANAMA CITY, FL 32409

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

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
VICKERS, WILLIAM T
1600 MARINA BAY DRIVE, UNIT 406
PANAMA CITY, FL 32409

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
VICKERS, IMOGENE H
1600 MARINA BAY DRIVE, UNIT 406
PANAMA CITY, FL 32409

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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CITY-ST-ZIP

000000794417
01/28/08-80007-005 500.00

DO NOT WRITE
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 #

1/24/2008 850-265-3801

STAPLE CHECK HERE