

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 23 AM 11:04

**DOCUMENT # A06000000918**

1. Entity Name  
 THE SPRINGS OF DE FUNIAK, LTD.



Principal Place of Business  
 ONE WEST LLOYD STREET  
 PENSACOLA, FL 32501

Mailing Address  
 ONE WEST LLOYD STREET  
 PENSACOLA, FL 32501



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152008

Chg-LP

CR2E003 (12/06)

4. FEI Number

20-5304274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
 390 NORTH ORANGE AVENUE, SUITE 1400  
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name K. Jeffrey Reynolds  
 Street Address (P.O. Box Number is Not Acceptable)

924 N. Palafox St.

City Pensacola

FL

Zip Code 32501

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

K. Jeffrey Reynolds  
 Signature, typed or printed name of registered agent and title if applicable

4/17/2008  
 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 # L06000074060  
 NAME THE SPRINGS OF DE FUNIAK GP, LLC  
 STREET ADDRESS ONE WEST LLOYD STREET  
 CITY-ST-ZIP PENSACOLA, FL 32501

DOCUMENT #  
 NAME  
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 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500125113535

04/22/08--01042--003 \*\*500.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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: Edwin Hansen

EDWIN HANSEN, 4/17/08 850-390-1250  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE