

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2008**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A06000000945**

1. Entity Name

SOUTHERN SISTERS FAMILY LIMITED PARTNERSHIP



Principal Place of Business

1515 ISIS LAKE DRIVE  
AVON PARK FL 33825

Mailing Address

1515 ISIS LAKE DRIVE  
AVON PARK FL 33825



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-4205557

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E003 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GURGANUS, ROGER D  
1515 ISIS LAKE DRIVE  
AVON PARK FL 33825

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 state if applicable

DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # L05000115315  
NAME SOUTHERN SISTERS PLANTATION, LLC  
STREET ADDRESS 1515 ISIS LAKE DRIVE  
CITY-ST-ZIP AVON PARK FL 33825

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

U000000007843  
05/05/08-30046-018 500.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/08

Date

Daytime Phone #

STAPLE CHECK HERE