


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB -8 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A06000001105		
1. Entity Name LT PARTNERS, LLLP		

Principal Place of Business % R. DAVID BUSTARD 200 S. ORANGE AVENUE SARASOTA, FL 34236	Mailing Address % R. DAVID BUSTARD 200 S. ORANGE AVENUE SARASOTA, FL 34236
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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



01142008 Chg-LP CR2E003 (12/06)

4. FEI Number 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		7. Name and Address of New Registered Agent	
BUSTARD, R. DAVID 200 S. ORANGE AVENUE SARASOTA, FL 34236		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 R. David Bustard DATE 1-29-08

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 #	JDCK OPERATIONS, LLC % R. DAVID BUSTARD, 200 S. ORANGE AVENUE SARASOTA, FL 34236	STREET ADDRESS	100117313861 02/06/08--01040--005 **500.00
NAME		CITY-ST-ZIP	
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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: R. David Bustard DATE 1-29-08 (941) 966-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date E-File Phone #

STAPLE CHECK HERE