

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 25 AM 10:42

DOCUMENT # A06000001242

1. Entity Name
PHOENIX COMMERCIAL PARK LLLP.



Principal Place of Business
14610 NW 129TH TERRACE
ALACHUA, FL 32615 US

Mailing Address
P.O. BOX 1000
ALACHUA, FL 32616 US



01042008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5846267

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNS, VIRGINIA H
4407 NW 93RD AVENUE
GAINESVILLE, FL 32653

**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 # L05000041515
NAME VIRGINIA H. JOHNS LLC
STREET ADDRESS 4407 NW 93RD AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32653

DOCUMENT # L05000041528
NAME LISA H. ALBERTSON LLC
STREET ADDRESS 1612 SW 76TH TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32607

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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**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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/14/08 (386) 462-2047

STAPLE CHECK HERE