

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A06000001405

1. Entity Name
KELLER HOLDINGS PARTNERSHIP, L.L.P.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 11 AM 10:01

Principal Place of Business
**30049 JOHNSON POINT ROAD
LEESBURG, FL 34748**

Mailing Address
**30049 JOHNSON POINT ROAD
LEESBURG, FL 34748**

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

02282008 Chg-LP CR2E003 (12/06)

4. FEI Number
20-0305005

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WAGNER, LINDSEY D ESQ.
1296 EAST RIDGEWOOD STREET
ORLANDO, FL 32803**

Name
Carla DeLoach Bryant
Street Address (P.O. Box Number is Not Acceptable)
1206 East Ridgewood Street
City
Orlando FL Zip Code
32803

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 *Carla DeLoach Bryant*
Signature, typed or printed name of registered agent and title if applicable.

4/1/08
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
**KELLER, CATHRINE E
30049 JOHNSON POINT ROAD
LEESBURG, FL 34748**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
**200122503692
04/08/08--01004--017 **500.00**

DOCUMENT #
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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: *Cathrine E Keller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/28/08
Date

Daytime Phone #

STAPLE CHECK HERE