

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

**DOCUMENT # A06000001439**

1. Entity Name  
**LAMPE FAMILY INVESTMENTS, LTD.**



Principal Place of Business  
**980 SHELTER BAY DRIVE**  
**KEY COLONY BEACH, FL 33051**

Mailing Address  
**P.O. BOX 510801**  
**KEY COLONY BEACH, FL 33051**

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

01212008

Chg-LP

CR2E003 (12/06)

4. FEI Number

**01-0880181**

**77-0698640**

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

**LAMPE, DONALD E**  
**980 SHELTER BAY DRIVE**  
**KEY COLONY BEACH, FL 33051**

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

*Donald E Lampe* **DONALD E LAMPE**

Signature, typed or printed name of registered agent and fee 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L06000117659**  
 NAME **LAMPE FAMILY INVESTMENTS, LLC**  
 STREET ADDRESS **P.O. BOX 510801**  
 CITY-ST-ZIP **KEY COLONY BEACH, FL 33051**

STREET ADDRESS  
 CITY-ST-ZIP **600134970496**  
**08/25/08--01027--010 \*\*980.75**

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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: *Donald E Lampe* **DONALD E. LAMPE GP**

**7-21-08 305-289-3546**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

**FILED**

**08 SEP -5 PM 2:07**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

