


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

<b>DOCUMENT # A06000001523</b>	
1. Entity Name <b>C. HERMAN BEVILLE RANCH EAST, LTD.</b>	

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:46

Principal Place of Business <b>3349 COUNTRY ROAD 545A BUSHNELL FL 33513</b>	Mailing Address <b>3349 COUNTRY ROAD 545A BUSHNELL FL 33513</b>
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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

1st MOORE CR2E003 (10/07)

4. FEI Number <b>AP-PLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MARK E. CLEMENTS, P.A. 310 EAST MAIN STREET LAKELAND FL 33801</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and true if applicable

**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 #	P00000091519	STREET ADDRESS	
NAME	C. HERMAN BEVILLE PROPERTIES, INC.	CITY-ST-ZIP	000120708760
STREET ADDRESS	3349 COUNTRY ROAD 545A		03/19/08--01010--019 **500.00
CITY-ST-ZIP	BUSHNELL FL 33513		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: *By: Clayton A. Newcomb* *C.H. Beville Properties Inc.* *2/22/08* *352-303-8836*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Ourside Phone #