


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 8:23

DOCUMENT # A07000000377		
1. Entity Name IN TOWN INVESTMENTS, LTD.		

Principal Place of Business 422 N. MAIN STREET CRESTVIEW, FL 32536 US	Mailing Address 422 N. MAIN STREET CRESTVIEW, FL 32536 US
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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



04282008 Chg-LP CR2E003 (12/06)

4. FEI Number 26-1964810	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
POWELL, AVA S 422 N. MAIN STREET CRESTVIEW, FL 32536	

7. Name and Address of New Registered Agent	
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 title if applicable

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 #	L07000021899	STREET ADDRESS	
NAME	IN TOWN INVESTMENTS MANAGEMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	422 N. MAIN STREET		
CITY-ST-ZIP	CRESTVIEW, FL 32536		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: Ava S Powell 4-29-08 850 664 5564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Debit Phone #

STAPLE CHECK HERE