

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 SEP 19 AM 10:24

DOCUMENT # A07000000381

1. Entity Name
 ANDY'S PLACE PARTNERS LTD



Principal Place of Business
 660 PARK STREET
 JACKSONVILLE, FL 32204

Mailing Address
 660 PARK STREET
 JACKSONVILLE, FL 32204

2. Principal Place of Business - No P.O. Box #

2055 Reyko Road

Suite Apt # etc

Suite 101

City & State

Jacksonville FL

Zip
 32207

Country
 Duval

3. Mailing Address

Attn: Fiscal Dept

Suite Apt # etc

(Same)

City & State

Jacksonville FL

Zip

Country

09102008

Chg-LP

CR2E003 (12/06)

4. FEI Number

61-1522556

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAXON, BERNICE S
 201 E. KENNEDY BLVD., SUITE 600
 TAMPA, FL 33602

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

N/A

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # L07000022483
 NAME ANDY'S PLACE PARTNERS LLC
 STREET ADDRESS 660 PARK STREET
 CITY-ST-ZIP JACKSONVILLE, FL 32204

13. ADDRESS CHANGES ONLY

STREET ADDRESS 2055 Reyko Road, Suite 101
 CITY-ST-ZIP Jacksonville FL 32207

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

(904) 899-6300 #4113

STAPLE CHECK HERE