

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A07000000392

1. Entity Name
THE STOTTLER FAMILY LIMITED PARTNERSHIP NO. 2



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 20 PM 12:47

Principal Place of Business
**8680 N. ATLANTIC AVE.
CAPE CANAVERAL, FL 32920**

Mailing Address
**8680 N. ATLANTIC AVE.
CAPE CANAVERAL, FL 32920**

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

04242008

Chg-LP

CR2E003 (12/06)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STOTTLER, RICHARD H JR
8680 N. ATLANTIC AVE.
CAPE CANAVERAL, FL 32920**

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

Signature, typed or printed name of registered agent and title 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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**STOTTLER, RICHARD H JR
8680 N. ATLANTIC AVE.
CAPE CANAVERAL, FL 32920**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP
**700130740607
06/04/08--01034--006 **1350.00**

DOCUMENT #
NAME
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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: *Richard H. Stottler, GP*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/08

Date

321-783-1320

Daytime Phone #

STAPLE CHECK HERE