

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

**FILED**

08 FEB 19 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01152008 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A07000000435</b>	
1. Entity Name CHANEL'S FAMILY LIMITED PARTNERSHIP, LLLP	

Principal Place of Business 975 LAKE HOLLINGSWORTH DRIVE LAKELAND, FL 33803	Mailing Address C/O ERNEST VANE MCCLURG P.O. BOX 505 LAKELAND, FL 33802-0505
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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

4. FEI Number 20-8625819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MCCLURG, ERNEST V 975 LAKE HOLLINGSWORTH DRIVE LAKELAND, FL 33803	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 #	NAME	STREET ADDRESS	
NAME	MCCLURG, ERNEST V	CITY-ST-ZIP	200118554402
STREET ADDRESS	975 LAKE HOLLINGSWORTH DRIVE		02/21/08--01037--008 **500.00
CITY-ST-ZIP	LAKELAND, FL 33803		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MORGAN, ADELE M	CITY-ST-ZIP	
STREET ADDRESS	306 KENWITH ROAD		
CITY-ST-ZIP	LAKELAND, FL 33803		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MCCLURG, HAYDEN C	CITY-ST-ZIP	3717 Hadden Hall Road N.W.
STREET ADDRESS	1826 MEREDITH DRIVE		Atlanta, GA 30327
CITY-ST-ZIP	ATLANTA, GA 30318		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	STEDMAN, MARGARET L	CITY-ST-ZIP	
STREET ADDRESS	3741 HADDON ROAD		
CITY-ST-ZIP	ATLANTA, GA 30329		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: Ernest V. McClurg ERNEST V. MCCLURG 1/15/08 (863) 683-4211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE