


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 4:40

DOCUMENT # A07000000520	
1. Entity Name FLORA FAMILY LLLP	

Principal Place of Business 2065 SALT MYRTLE LANE ORANGE PARK, FL 32003 US	Mailing Address 2065 SALT MYRTLE LANE ORANGE PARK, FL 32003 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



02142008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-8728532	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EDDY, VIRGINIA F 1826 WATERBURY LANE ORANGE PARK, FL 32073 <i>Change in zip code only</i>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code 32003 </div>
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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 *Virginia F Eddy* DATE 2/14/08

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	CITY-ST-ZIP
	FLORA, ELVIS C TRUSTEE		
	C/O THE ELVIS C FLORIDA REV TRUST 2065 SAL		
	ORANGE PARK, FL 32003		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	FLORA, GLADYS H TRUSTEE		
	C/O THE GLADYS H FLORIDA REV TRUST 2065 SA		
	ORANGE PARK, FL 32003		
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02/21/08--01034--016 **508.75

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: *Gladys H. Flora*, Gladys H. Flora DATE 2/14/08 Daytime Phone # 904-219-6097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER