


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 12 AM 8:39

DOCUMENT # A07000000617-		
1. Entity Name CHANDLEY FAMILY LIMITED PARTNERSHIP, LLLP		

Principal Place of Business 1400 GRAPE HAMMOCK ROAD LAKE WALES, FL 33898	Mailing Address 1400 GRAPE HAMMOCK ROAD LAKE WALES, FL 33898
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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



01152008 Chg-LP CR2E003 (12/06)

4. FEI Number 26-0902752	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 CHANDLEY, EDGAR C JR 1400 GRAPE HAMMOCK ROAD LAKE WALES, FL 33898		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	03/07/08--01005--009 **\$500.00
NAME	CHANDLEY, EDGAR C JR	CITY-ST-ZIP	
STREET ADDRESS	1400 GRAPE HAMMOCK ROAD		
CITY-ST-ZIP	LAKE WALES, FL 33898		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CHANDLEY, BARBARA C	CITY-ST-ZIP	
STREET ADDRESS	1400 GRAPE HAMMOCK ROAD		
CITY-ST-ZIP	LAKE WALES, FL 33898		
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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: Barbara C. Chandley Barbara C. Chandley 2/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Dadline Phone #

STAPLE CHECK HERE