

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

DOCUMENT # A07000000620

1. Entity Name

ELP JR. FAMILY PARTNERSHIP, LTD.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -9 PM 1:17

Principal Place of Business

5100 CANOE CREEK ROAD
SAINT CLOUD FL 34772
US

Mailing Address

5100 CANOE CREEK ROAD
SAINT CLOUD FL 34772
US



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

01-0894704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E003 (10/07)

6. Name and Address of Current Registered Agent

PARTIN, EDWARD L JR.
5100 CANOE CREEK ROAD
SAINT CLOUD FL 34772

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

Edward L. Partin as MERM for Canoe Creek Heritage, LLC
Signature, typed or printed name of registered agent and date if applicable

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # L06000068949
NAME CANOE CREEK HERITAGE, LLC
STREET ADDRESS 5100 CANOE CREEK ROAD
CITY-ST-ZIP SAINT CLOUD FL 34772

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

000120972180

03/24/08--01002--024 **500.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

See above Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE