

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A07000000712

1. Entity Name
DOGWOOD DRIVE FAMILY LIMITED PARTNERSHIP, LLLP



FILED

08 JUL 30 AM 10:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**2415 CASAS DE MARBELLA DRIVE
PALM BEACH GARDENS, FL 33410**

Mailing Address
**2415 CASAS DE MARBELLA DRIVE
PALM BEACH GARDENS, FL 33410**

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

07232008 Chg-LP CR2E003 (12/06)

4. FEI Number

54-2097270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALLAHAN, PETER J
2415 CASAS DE MARBELLA DRIVE
PALM BEACH GARDENS, FL 33410**

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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # **P07000059995**
NAME **DOGWOOD DRIVE HOLDINGS, INC.**
STREET ADDRESS **2415 CASAS DE MARBELLA DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

600133810526

07/31/08--01011--007 **500.00

DOCUMENT #
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STREET ADDRESS
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: *Peter Callahan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/23/08

Date

561 366 9991

Daytime Phone #

STAPLE CHECK HERE