

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

**FILED**  
**08 JUL 18 PM 2:44**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

<b>DOCUMENT # A07000000799</b> 1. Entity Name <b>D.E.R. FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>12931 WHITE VIOLET DRIVE</b> <b>NAPLES, FL 34119</b>			Mailing Address <b>12931 WHITE VIOLET DRIVE</b> <b>NAPLES, FL 34119</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number  <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>RICHARDSON, DAVID E</b> <b>12931 WHITE VIOLET DRIVE</b> <b>NAPLES, FL 34119</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$900.00</b> <b>On or after September 12, 2008, Fee will be \$1000.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	RICHARDSON, DAVID E		CITY - ST - ZIP		
STREET ADDRESS	12931 WHITE VIOLET DRIVE				
CITY - ST - ZIP	NAPLES, FL 34119				
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**SIGNATURE:** *David E. Richardson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**7/14/08 239-254-0525**

Date Daytime Phone #