


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

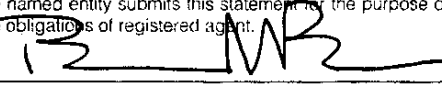
<b>DOCUMENT # A07000000847</b>			
1. Entity Name <b>MCBRIDE FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>2824 PALM BEACH BLVD FORT MYERS FL 33916 US</b>		Mailing Address <b>2824 PALM BEACH BLVD FORT MYERS FL 33916 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 28 AM 8:38



1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent <b>MCBRIDE, GERALD 2824 PALM BEACH BLVD FORT MYERS FL 33916</b>		7. Name and Address of New Registered Agent Name <b>McBride, Brian A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2824 Palm Beach Blvd.</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33916</b>	
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  <b>Brian A. McBride</b> <b>3/7/08</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small> <small>DATE</small>			

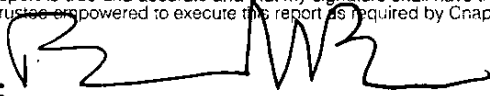
**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	2824 Palm Beach Blvd.
STREET ADDRESS	2069 WEST 3TH ST	CITY-ST-ZIP	Fort Myers, FL. 33916
CITY-ST-ZIP	CLEVELAND OH 44113		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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:**



**Brian A. McBride**

**3/7/08**

**239-479-5555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

STAPLE CHECK HERE