

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 1:07

**DOCUMENT # A07000000907**

1. Entity Name  
 JJJ FAMILY LLLP



Principal Place of Business  
 390 N ORANGE AVE  
 STE 1400  
 ORLANDO, FL 32801

Mailing Address  
 P O BOX 447  
 ODESSA, FL 33556-0447



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

02112008 Chg-LP CR2E003 (12/06)

4. FEI Number  
 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

B&C CORPORATE SERVICES OF CENTRAL  
 FLORIDA, INC.  
 390 N ORANGE AVE - STE 1400  
 ORLANDO, FL 32801

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 \_\_\_\_\_ 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 PALMA, ANTHONY W  
 STREET ADDRESS P O BOX 447  
 CITY - ST - ZIP ODESSA, FL 335560447

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 700119851507  
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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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/6/08 (407) 839-4200  
 Date Daytime Phone #

STAPLE CHECK HERE