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

## FILED **DOCUMENT # A07000000914** 1. Entity Name NEFF FAMILY LIMITED PARTNERSHIP 08 FEB 19 PM 1: 45 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 105 PADDOCK PLACE 105 PADDOCK PLACE PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL. 32082 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 Chg-LP CR2E003 (12/06) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEFF, PETER J Street Address (P.O. Box Number is Not Acceptable) 105 PADDOCK PLACE PONTE VEDRA BEACH, FL 32082 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, hypoid or printed name of registered agent and title if applicable. DATE 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME NEFF, PETER J STREET ADDRESS 105 PADDOCK PLACE CITY-ST-ZIP CITY-ST-7IP PONTE VEDRA BEACH, FL 32082 <del>40011763691</del>4 DOCUMENT # 02/11/08--01003--004 \*\*500.00 STREET ADDRESS NEFF, JOAN K STREET ADDRESS 105 PADDOCK PLACE CITY-ST-ZIP CITY-ST-7IP PONTE VEDRA BEACH, FL 32082 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hareby 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 SIGN Daytime Phone #