


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

<b>DOCUMENT # A07000000937</b> 1. Entity Name 2228 COUNTY ROAD 220, LTD.	
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Principal Place of Business 2228A COUNTY ROAD 220 MIDDLEBURG, FL 32068-6627	Mailing Address P.O. BOX 30157 DR. INLET, 32030
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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**

**08 FEB -8 PM 3:23**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01082008    Chg-LP    CR2E003 (12/06)

4. FEI Number 26-0671885	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired    ☐    **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

HUNTLEY, LARUE  
 2228A COUNTY ROAD 220  
 MIDDLEBURG, FL 32068-6627

**7. Name and Address of New Registered Agent**

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 # P07000087857 NAME LARUE HUNTLEY INC. STREET ADDRESS P.O. BOX 30157 CITY-ST-ZIP DR. INLET, FL 32030	STREET ADDRESS _____ CITY-ST-ZIP _____ <div style="text-align: center; font-size: 1.5em;">100118072361</div> <div style="text-align: center;">02/14/08--01045--013 **500.00</div>
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
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NAME	CITY-ST-ZIP
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:** *Larue Huntley* **President** 1/8/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #