


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

<b>DOCUMENT # A07000000941</b> 1. Entity Name RHODEN INVESTMENTS OF BAKER COUNTY, LTD.					
Principal Place of Business 274 BARBER ROAD MACCLENNY, FL 32063		Mailing Address <del>274 BARBER ROAD</del> <b>PO BOX 372</b> MACCLENNY, FL 32063			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 372 Suite, Apt. #, etc.			
City & State		City & State Macclenny, Florida			
Zip 32063	Country USA	4. FEI Number 26-0682196			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  RHODEN, PAUL E 274 BARBER ROAD MACCLENNY, FL 32063			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		

**FILED**

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



02112008 Chg-LP CR2E003 (12/06)

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 #	P07000088750	STREET ADDRESS	
NAME	PAUL RHODEN, INC.	CITY-ST-ZIP	
STREET ADDRESS	PO BOX 372		
CITY-ST-ZIP	MACCLENNY, FL 32063		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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:** Paul E Rhoden (904) 2-12-08 159-3238  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER