


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

<b>DOCUMENT #A07000000968</b> 1. Entity Name <b>BURGTORF FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>930 SW WHISPER RIDGE TRAIL</b> <b>PALM CITY, FL 34990</b>	Mailing Address <b>170 GRANDE POINTE CIRCLE</b> <b>PANAMA CITY BEACH, FL 32413</b>
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2. Principal Place of Business - No P.O. Box # <b>170 GRANDE POINTE CIRCLE</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>PANAMA CITY BEACH, FL</b> Zip <b>32413</b>	City & State Zip
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<b>6. Name and Address of Current Registered Agent</b>  <b>OSBORNE, R. BRADY JR.</b> <b>798 S. FEDERAL HWY., SUITE 100</b> <b>BOCA RATON, FL 33432</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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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	
DOCUMENT #	P05000017281
NAME	BURGTORF INVESTMENTS, INC.
STREET ADDRESS	930 SW WHISPER RIDGE TR.
CITY-ST-ZIP	PALM CITY, FL 34990
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	170 GRANDE POINTE CIRCLE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500115542715
CITY-ST-ZIP	01/18/08--01042--011 **\$500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 \_\_\_\_\_ 1/17/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Elisabeth B. Brown for*  
*Burgtorf Investments, Inc.*

**FILED**

08 JAN 29 PM 2:58

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01182008 Chg-LP CR2E003 (12/06)

4. FEI Number ☒ Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

STAPLE CHECK HERE