

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 28 PM 3:25

DOCUMENT # A07000001008 1. Entity Name ACHENBACH FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP, LLLP					
Principal Place of Business 834 WYNDEMERE WAY NAPLES, FL 34105			Mailing Address 834 WYNDEMERE WAY NAPLES, FL 34105		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 02272008 Chg-LP CR2E003 (12/06)	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOVATT, JEFF M ESQ. 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102				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 #	NAME	STREET ADDRESS	CITY-ST-ZIP	100125823891 04/25/08--01052--010 **500.00	
ACHENBACH, W. BRUCE	834 WYNDEMERE WAY	NAPLES, FL 34105			
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP		
ACHENBACH, JAY K	4144 LANCELOT ROAD	TOLEDO, OH 43623			
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP		
ACHENBACH, BRIAN B	8439 EAST REDINA STREET	LONG BEACH, CA 90815			
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP		
DOCUMENT #	NAME	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:			3/12/07 239 530 8465		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE