


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 12 AM 8:41

DOCUMENT # A07000001038


1. Entity Name
 LUKE 6:38 SERVICES LLLP



Principal Place of Business Mailing Address
 1025 54TH AVE 1025 54TH AVE
 VERO BEACH, FL 32966 VERO BEACH, FL 32966

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



01242008 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HERNDON, BIRAN C
 8418 S US HWY 1
 LAKES PLAZA
 PORT ST LUCIE, FL 34952

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 #	P07000074716	STREET ADDRESS	
NAME	SEVEN-PLUS MANAGEMENT INC	CITY-ST-ZIP	
STREET ADDRESS	1025 54TH AVE		
CITY-ST-ZIP	VERO BEACH, FL 32966		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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 03/19/08--01024--011 **500.00

STAPLE CHECK HERE

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: Joel Molinar **JOEL MOLINARI** 2/2/08 772/778-2633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #