



2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A07000001042 1. Entity Name CARMICHAEL FAMILY BUSINESS INTERESTS, LLLP	
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FILED
 08 JAN -9 AM 8:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 6822 22ND AVENUE N. BOX 364 ST. PETERSBURG, FL 33710	Mailing Address 6822 22ND AVENUE N. BOX 364 ST. PETERSBURG, FL 33710
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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



01052008 Chg-LP CR2E003 (12/06)

4. FEI Number 26-0850547	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CARMICHAEL, THOMAS W
12418 1ST STREET WEST
TREASURE ISLAND, FL 33706

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
	CARMICHAEL, THOMAS W ✓		200114594332 ✓
	6822 22ND AVENUE N. BOX 364		01/09/08--01040--008 **500.00 ✓
	ST. PETERSBURG, FL 33710		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	CARMICHAEL, PATRICIA C ✓		
	6822 22ND AVENUE N. BOX 364		
	ST. PETERSBURG, FL 33710		
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

N. CAUSSEAU
JAN 11 2008
EXAMINER

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: *Thomas W. Carmichael* 1/6/2008 (727) 493-7090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

THOMAS W. CARMICHAEL

STAPLE CHECK HERE