

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 JAN 30 PM 4:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # A07000001170

**1. Entity Name
JAWORSKI FAMILY LLLP**



**Principal Place of Business
980 SOUTH LAKE SYBELIA DRIVE
MAITLAND, FL 32751**

**Mailing Address
980 SOUTH LAKE SYBELIA DRIVE
MAITLAND, FL 32751**



01132008 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

**JAWORSKI, DANIEL R
980 SOUTH LAKE SYBELIA DRIVE
MAITLAND, FL 32751**

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 date 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 #
NAME JAWORSKI, DANIEL R TRUSTEE
STREET ADDRESS 980 SOUTH LAKE SYBELIA DRIVE
CITY- ST- ZIP MAITLAND, FL 32751

13. ADDRESS CHANGES ONLY

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02/01/08--01004--008 **500.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

David Jaworski

1-17-08 404-491-8462

STAPLE CHECK HERE