


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB -8 PM 3:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DOCUMENT # A07000001174	
1. Entity Name JOHN C. UPDIKE, JR. FAMILY LIMITED PARTNERSHIP, LLLP	

Principal Place of Business 68 MAMMOTH GROVE ROAD LAKE WALES, FL 33898-7330	Mailing Address 68 MAMMOTH GROVE ROAD LAKE WALES, FL 33898-7330
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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	Zip	Country

01042008 Chg-LP CR2E003 (12/06)

4. FEI Number 32-0221108	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent UPDIKE, JOHN C JR. 68 MAMMOTH GROVE ROAD LAKE WALES, FL 33898-7330	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	UPDIKE, JOHN C JR.	CITY-ST-ZIP	
STREET ADDRESS	PO BOX 231		
CITY-ST-ZIP	LAKE WALES, FL 33859		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	UPDIKE, PENELOPE	CITY-ST-ZIP	
STREET ADDRESS	PO BOX 231		
CITY-ST-ZIP	LAKE WALES, FL 33859		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	UPDIKE SKIPPER, ABIGAIL ANNE	CITY-ST-ZIP	
STREET ADDRESS	PO BOX 416		
CITY-ST-ZIP	FT. MEADE, FL 33841		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	UPDIKE, JOHN CONNER III	CITY-ST-ZIP	
STREET ADDRESS	5336 JOHNSTON ROAD		
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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02/14/08--01045--012 **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-22-08

Date

(863) 696-1487

Daytime Phone #