
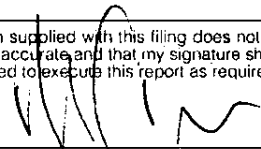


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 3: 00

DOCUMENT #A07000001210			
1. Entity Name THE CLITHEROE PARTNERSHIP, LTD.			
Principal Place of Business 13196 BROADSTONE LANE SARASOTA, FL 34240		Mailing Address 13196 BROADSTONE LANE SARASOTA, FL 34240	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
		4. FEI Number 04212008 Chg-LP CR2E003 (12/06)	
		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOHNSON, DAVID P ESQ. 2201 RINGLING BLVD., STE. 104 SARASOTA, FL 34237		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
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	L07000102955 LINDALE, LLC 13196 BROADSTONE LANE SARASOTA, FL 34240	STREET ADDRESS CITY- ST- ZIP	200127240662 04/30/08--01010--016 **500.00
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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: 		Date: 4/24/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

STAPLE CHECK HERE