

**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED**

2008 APR -9 PM 12: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01042008 Chg-LP CR2E003 (12/06)

4. FEI Number **76-0821477** Applied For Not Applicable

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

**DOCUMENT # A07000001211**  
1. Entity Name  
**PUTHUFF FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**15440 FIDDLESTICKS BLVD  
FT MYERS, FL 33912**

Mailing Address  
**15440 FIDDLESTICKS BLVD  
FT MYERS, FL 33912**

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

6. Name and Address of Current Registered Agent

**PUTHUFF, EDGAR R  
15440 FIDDLESTICKS BLVD  
FT MYERS, FL 33912**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>PUTHUFF, EDGAR R 15440 FIDDLESTICKS BLVD FT MYERS, FL 33912</b>	STREET ADDRESS CITY-ST-ZIP	<b>300122041183 04703708--01034--001 **500.00</b>
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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: Edgar Puthuff Date: 4/1/08 Daytime Phone #: 239-7680635