

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 31 PM 2: 36.

DOCUMENT # A07000001246 1. Entity Name LIN-JOHN, LTD.					
Principal Place of Business 13 CALLE HERMOSA GULF BREEZE, FL 32561			Mailing Address 13 CALLE HERMOSA GULF BREEZE, FL 32561		
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		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				4. FEI Number 26-1389577	
6. Name and Address of Current Registered Agent NOWELL, JOHN C 13 CALLE HERMOSA GULF BREEZE, FL 32561				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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		
NAME	NOWELL, JOHN C		CITY-ST-ZIP		
STREET ADDRESS	13 CALLE HERMOSA				
CITY-ST-ZIP	GULF BREEZE, FL 32561				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	NOWELL, LINDA H		CITY-ST-ZIP		
STREET ADDRESS	13 CALLE HERMOSA				
CITY-ST-ZIP	GULF BREEZE, FL 32561				
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <u>Jan 27 2008</u> Daytime Phone #: <u>850 265 4940</u>		

STAPLE CHECK HERE

