

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:54

**DOCUMENT # A07000001418**

1. Entity Name  
**THE CRAWFORD FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**1301 INDIAN MOUND TRAIL  
VERO BEACH, FL 32963**

Mailing Address  
**1301 INDIAN MOUND TRAIL  
VERO BEACH, FL 32963**

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

02192008

Chg-LP

CR2E003 (12/06)

4. FEI Number

**33-1196116**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRENNAN, MANNA & DIAMOND, P.L.  
76 SOUTH LAURA STREET, SUITE 2110  
JACKSONVILLE, FL 32202**

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

Signature, typed or printed name of registered agent and fee if applicable.

DATE

**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  
STREET ADDRESS  
CITY-ST-ZIP  
**CRAWFORD, JOSEPH P  
1301 INDIAN MOUND TRAIL  
VERO BEACH, FL 32963**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CRAWFORD, CYNTHIA S  
1301 INDIAN MOUND TRAIL  
VERO BEACH, FL 32963**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

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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:**

Signature and typed or printed name of signing general partner

**4/29/08 (772) 778-2107**

Date

Daytime Phone #

STAPLE CHECK HERE