


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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 08 MAR 18 AM 8:11

|   |   |
|---|---|
| <b>DOCUMENT # A07465</b><br>1. Entity Name<br>STRUBE PROPERTIES, LLLP |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><br>734 Rugby St.<br>Orlando, FL 32804 | Mailing Address<br><br>734 Rugby St.<br>Orlando, FL 32804 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country |
|---|---|



03082008      Chg-LP      CR2E003 (12/06)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>59-1983683   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

|  |   |
|--|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>STRUBE, DONALD K JR<br>431 E HORATIO AVENUE<br>SUITE 300<br>MAITLAND, FL 32751 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

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 03/18/08--01027--002 \*\*508.75

**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 |
|                                 | CHARLES W. STRUBE, TRUSTEE OF THE CHARLES  |                          |             |
|                                 | 734 Rugby St.                              |                          |             |
|                                 | Orlando, FL 32804                          |                          |             |
| DOCUMENT #                      | NAME                                       | STREET ADDRESS           | CITY-ST-ZIP |
|                                 | DONALD K. STRUBE, TRUSTEE OF THE DONALD K. |                          |             |
|                                 | 734 Rugby St.                              |                          |             |
|                                 | Orlando, FL 32804                          |                          |             |
| DOCUMENT #                      | NAME                                       | STREET ADDRESS           | CITY-ST-ZIP |
|                                 |  |                          |             |
| DOCUMENT #                      | NAME                                       | STREET ADDRESS           | CITY-ST-ZIP |
|                                 |  |                          |             |
| DOCUMENT #                      | NAME                                       | STREET ADDRESS           | CITY-ST-ZIP |
|                                 |  |                          |             |
| DOCUMENT #                      | NAME                                       | 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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_