


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 JUL 11 AM 11:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A07931	
1. Entity Name JEFFERSON GROVE, LTD.	

Principal Place of Business P. O. BOX 256 #3 ALBRITTON ROAD ALTURAS, FL 33820	Mailing Address P. O. BOX 256 #3 ALBRITTON ROAD ALTURAS, FL 33820
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04292008 Chg-LP CR2E003 (12/06)	
4. FEI Number 59-1939459	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
ALBRITTON, NICHOLAS F #5 ALBRITTON ROAD P.O. BOX 255 ALTURAS, FL 33820	

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 title 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	change to "Trustee"
STREET ADDRESS	ALBRITTON, NICHOLAS F, Trustee	CITY-ST-ZIP	
CITY-ST-ZIP	#5 ALBRITTON RD ALTURAS, FL		
DOCUMENT #	NAME	STREET ADDRESS	change to "Trustee"
STREET ADDRESS	ALBRITTON, DALE E, Trustee	CITY-ST-ZIP	
CITY-ST-ZIP	#1 ALBRITTON RD ALTURAS, FL		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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: Nicholas F. Albritton 4/29/08 863-537-1343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Nicholas F. Albritton General Partner

STAPLE CHECK HERE