


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

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 MAY 28 AM 11:16

<b>DOCUMENT # A08744</b> 1. Entity Name CONNIE JEAN VILLAGE, LTD.	
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Principal Place of Business 4315 PABLO OAKS CT. SUITE 1 JACKSONVILLE, FL 32224-9667	Mailing Address 4315 PABLO OAKS CT. SUITE 1 JACKSONVILLE, FL 32224-9667
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 1002 W. 23rd Street Suite 400
City & State	City & State Panama City, FL
Zip Country	Zip Country 32405 U.S.A.



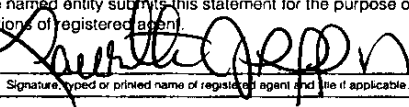
04102008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2015780	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

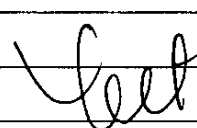
6. Name and Address of Current Registered Agent HARDIN, JENNIFER L 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224	7. Name and Address of New Registered Agent Name Lauretta J. Pippin Street Address (P.O. Box Number is Not Acceptable) 1002 W. 23rd Street, Suite 400 City Panama City FL Zip Code 32405
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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  Lauretta J. Pippin 4/10/08  
Signature, typed or printed name of registered agent and file 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STOKES, E. CHESTER JR. 4315 PABLO OAKS CT., SUITE 1 JACKSONVILLE, FL 32224-9667	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS 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:  Lauretta J. Pippin, Secretary 4/10/08 (850) 769-8981  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE