2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008 DOCUMENT # A11007

DOCUMENT #A11007 1. Entity Name FANTAR, LTD.					FILED 08 JAN 30 PM 4: 02		
Principal Place of Business Mailing Address 7589 HIGHWAY 98 W P.O. BOX 3280 PENSACOLA, FL 32506 PENSACOLA, FL 32516-					SECRE TALLAH	TARY OF STATE IASSEE, FLORIDA	
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		, 01212008 Chg-LP	CR2E003 (12/06)		
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-2012755	Applied For Not Applicable	
Zip	Country	Zip 🕌	Count	ry	5. Certificate of Status Desired	\$8.75 Additional	
	6. Name and Address of Curr	ent Registered Agent			7. Name and Address of New	 	
FANNING, CLIFFORD E. 7589 HIGHWAY 98 W. PENSACOLA, FL 32506				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			
8. The above the obligati	named entity submits this statement ons of registered agent.	nt for the purpose of changing	g its registere	d office or register	ed agent, or both, in the State of I	Florida. I am familiar with, and accept	
SIGNATURE -					·		
Signature, typed or printed name of registered agent and title if applicable.						DATE	
		OWIII FEE IS \$500.01 , 2008, Fee will be \$1		,			
	A GENERAL PARTNE	R THAT IS A BUSINESS	ENTITY M	JST BE REGIST	TERED AND ACTIVE WITH T	HIS OFFICE.	
NOTE: General Partners MAY NOT be changed on the formation 12. GENERAL PARTNER INFORMATION				, an amenumen	71000 1000	HANGES ONLY	
DOCUMENT #	FAMILIA CUEFORD F			T ADDRESS 7	37 5 1.155 -	114.5#1	
NAME STREET ADDRESS	FANNING, CLIFFORD E 333 S. 61ST STREET				33 5.61 ⁵¹ 51.	UNIT	
CITY-ST-ZIP	PENSACOLA, FL		CHY-	ST-ZIP	PENSACOLA. FL	32506	
DOCUMENT # NAME	FANNING ANDREWS, JOAN	NF	STREE	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP	3551 BEACH HAVEN COVE DRIVE PENSACOLA, FL 32507		cıty-	ST-ZIP	All lives and the state of the		
DOCUMENT /	-		STREE	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	800 11 8	:035628 14021 **500 00	
DOCUMENT / NAME			STREE	T ADDRESS	1 <u>1117 CON 1141 - 1241 144</u>		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP			
DOCUMENT / NAME			STREE	T ADORESS			
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	-		
DOCUMENT #			STREE	T ADORESS			
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP			
14. I hereby of indicated or the reco	retrify that the information supplied on this report is true and accurate siver or trustee empoyaged to exec	with this filing does not qual end/that my signature shall he cute this report as required by	ave the same Chapter 620	legal effect as if n I, Florida Statutes	nade under oath; that I am a Gen	s. I further certify that the information neral Partner of the limited partnership	
SIGNAT	URE: U/	annit	C.	E. FANNIN	6 1-22-0	8 456-6676	