


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A14191 1. Entity Name DEER RUN VILLAS, LTD.	
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FILED

08 JAN 30 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business P.O. BOX 644 MILTON, FL 32570	Mailing Address P.O. BOX 644 MILTON, FL 32570
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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	Zip	Country

01152008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent	
CARVER, S. ELLEN 4425 AMBERWOOD CIR PACE, FL 32571	

7. Name and Address of New Registered Agent	
Name <u>S. Ellen Carver</u>	
Street Address (P.O. Box Number is Not Acceptable)	
<u>5650 Meadowbrook Lane</u>	
City <u>Milton</u>	Zip Code <u>FL 32570</u>

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 S. Ellen Carver
Signature, typed or printed name of registered agent and title if applicable.

1/15/08
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 #		STREET ADDRESS	
NAME	CARVER, S. ELLEN	CITY-ST-ZIP	
STREET ADDRESS	PO BOX 644		
CITY-ST-ZIP	MILTON, FL 32572		
DOCUMENT #		STREET ADDRESS	
NAME	CARVER, STANLEY A	CITY-ST-ZIP	
STREET ADDRESS	PO BOX 644		
CITY-ST-ZIP	MILTON, FL 32572		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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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: S. Ellen Carver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/15/08 850-623-8144
Date Daytime Phone #

STAPLE CHECK HERE