

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # A18191

1. Entity Name
NORTH AMERICAN COMPANY LLLP



Principal Place of Business
312 S.E. 17TH STREET, SUITE 300
FT. LAUDERDALE, FL 33316-2524

Mailing Address
312 S.E. 17TH STREET, SUITE 300
FT. LAUDERDALE, FL 33316-2524



01072008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2451745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMER, CHARLES L.
312 S.E. 17TH STREET, SUITE 300
FT. LAUDERDALE, FL 33316-2524

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title 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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
PALMER, CHARLES L III
312 S.E. 17TH STREET, SUITE 300
FT. LAUDERDALE, FL 333162524

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
GORE, GEORGE H
23 MINNETONKA ROAD
SEA RANCH LAKES, FL 33308

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
GORE, ORRIN R
112 MELROSE DR.
MONTGOMERY, TX 77356

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
GORE, MICHAEL J
7500 E. MCCORMICK PARKWAY, #70
SCOTTSDALE, AZ 85258

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
GORE, RICHARD S
411 N. NEW RIVER DR. EAST, #701
FORT LAUDERDALE, FL 333013179

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
ENOS, JEANNINE K
6538 SPRING GLADE ROAD
LOVELAND, CO 80538

U00000892888
04/23/08-80084-004 500.00

**DO NOT WRITE
IN THIS SPACE**

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

Charles L. Palmer

Date

Daytime Phone #

1-14-08 (954) 463-0681

STAPLE CHECK HERE