


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A20858		
1. Entity Name COUNTRY VILLAGE, LTD.		

FILED
08 FEB 19 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business PO BOX 644 MILTON, FL 32570	Mailing Address PO 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)	
4. FEI Number 59-2570278	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	
CARVER, S. ELLEN 4425 AMBERWOOD CIR PACE, FL 32571	

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

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	
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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.	
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12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CARVER, S. ELLEN	CITY-ST-ZIP	
STREET ADDRESS	PO BOX 644		
CITY-ST-ZIP	MILTON, FL 32572		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CARVER, STANLEY A	CITY-ST-ZIP	
STREET ADDRESS	PO BOX 644		
CITY-ST-ZIP	MILTON, FL 32572		
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CITY-ST-ZIP			

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02/15/08--01031--013 **500.00

STAPLE CHECK HERE

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: <i>S. Ellen Carver</i> S. Ellen Carver		Date: 2/12/08	Daytime Phone #: 850.623.8144
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			