


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # A21417	
1. Entity Name CAREFREE INVESTMENTS COMPANY, LTD.	

Principal Place of Business 1300 N.E. 50TH CT. SUITE 118 FT. LAUDERDALE, FL 33334	Mailing Address 1300 N.E. 50TH CT. SUITE 118 FT. LAUDERDALE, FL 33334
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent			
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ANDERSON, FRED A F 2530 NE. 43RD ST. FT. LAUDERDALE, FL 33308			
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02182008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2611913	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____	DATE _____
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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.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ANDERSON, WILLIAM C.		
	2530 NE 43 ST.		
	FT. LAUDERDALE, FL		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ANDERSON, FRED A F.		
	2530 NE 43 ST.		
	FT. LAUDERDALE, FL		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

000000902382
04/30/08-80004-012 500.00

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>Freda F. Anderson</i>	Date: <i>4/15/08</i>	Daytime Phone #: <i>954-792-3757</i>
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STAPLE CHECK HERE