

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # A22631 1. Entity Name THE PAUL FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 2020 DUNDEE RD. WINTER HAVEN, FL 33884	Mailing Address PO BOX 898 WINTER HAVEN, FL 33882
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 59-2673491 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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04142008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent PAUL, EUGENE S 2020 DUNDEE RD. WINTER HAVEN, FL 33884	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable

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 # NAME STREET ADDRESS CITY-ST-ZIP PAUL, J.R. JR. P.O. BOX 301 LABELLE, FL 33935	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP PAUL, EUGENE S 2020 DUNDEE ROAD WINTER HAVEN, FL 33884	STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> U000000910502 05/07/08-80003-024 500.00 </div>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP PAUL, BRYAN W 5701 FT DENAUD ROAD ALVA, FL 33920	STREET ADDRESS 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: *Eugene S Paul* 4/16/08 863 293-9906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE