


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Apr 16, 2008 08:00 A
Secretary of State**

| | | |
|---|--|---|
| DOCUMENT # A24272 | |  |
| 1. Entity Name STADTLER ENTERPRISES, LTD. | | |

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|--|--|
| Principal Place of Business 51 WATERFALL COVE HENDERSVILLE, NC 28739 | Mailing Address 51 WATERFALL COVE HENDERSVILLE, NC 28739 |
|--|--|

DO NOT WRITE IN THIS SPACE



04142008 No Chg-LP CR2E003 (12/06)

| | |
|------------------------------------|-----------------------------|
| 4. FEI Number 86-0532842 | Applied For Not Applicab |
|------------------------------------|-----------------------------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HUTCHINS, DONALD
2067 SAXON BLVD.
DELTONA, FL 32725**

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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 _____ 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**

U00000901580
04/29/08-80074-006 500.00

**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 # | G93019000038 |
| NAME | STADTLER, RICHARD AND MA. |
| STREET ADDRESS | 748 EUREKA DR. |
| CITY - ST - ZIP | VERSAILLES, KY 40383 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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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 *[Handwritten Signature]*