

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # A27021

1. Entity Name
STRAWBERRY RIDGE, LTD.



Principal Place of Business
11300 4TH STREET N., #200
ST. PETERSBURG, FL 33716

Mailing Address
11300 4TH STREET N., #200
ST. PETERSBURG, FL 33716



03072008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-2904350

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLAIR COMMUNITIES, INC.
11300 4TH STREET NORTH, #200
ST. PETERSBURG, FL 33716

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

000000884153

04/17/08-80055-015 500.00

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 # **K30509**
NAME **STRAWBERRY RIDGE, INC.**
STREET ADDRESS **11300 4TH STREET NORTH, SUITE 200**
CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

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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:

Julie V. Fanelli

Julie V. Fanelli

3/12/08

(727) 571-5522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #