

2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

DUE BY MAY 1, 2008

FILED
Apr 11, 2008 08:00
Secretary of State

DOCUMENT # A27644

1. Entity Name

MEADOW RIDGE ESTATES, LTD.



Principal Place of Business

1420 S FLORIDA AVENUE
LAKELAND FL 33803

Mailing Address

PO BOX 5400
LAKELAND FL 33807-5400



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

4. FEI Number

59-2924108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E003 (10/07)

6. Name and Address of Current Registered Agent

HARPER, ROBERT F III
1420 S FLORIDA AVENUE
LAKELAND FL 33803

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and to whom applicable.

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # G99051900271
NAME FAIRFAX ASSOCIATES
STREET ADDRESS 1420 S FLORIDA AVENUE
CITY-ST-ZIP LAKELAND FL 33803

DOCUMENT # A22230
NAME MURRAY FINANCIAL GROUP, LTD.
STREET ADDRESS 1420 S FLORIDA AVENUE
CITY-ST-ZIP LAKELAND FL 33803

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

000000892913
04/23/08-80084-011 500.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

President

General Partner

4/7/08

Daytime Phone #

STAPLE CHECK HERE