


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A27761</b>			
1. Entity Name <b>PALAFX PARTNERS, LTD.</b>			
Principal Place of Business <b>3728 PHILLIPS HIGHWAY SUITE 219 JACKSONVILLE FL 32207</b>		Mailing Address <b>3728 PHILLIPS HIGHWAY SUITE 219 JACKSONVILLE FL 32207</b>	
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
6. Name and Address of Current Registered Agent  <b>PHILLIPS, PHILIP B JR. 3728 PHILLIPS HWY. SUITE 219 JACKSONVILLE FL 32207</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature typed or printed name of registered agent and date of application</small>			
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	PHILLIPS, PHILIP B JR.	CITY- ST- ZIP	
STREET ADDRESS	3728 PHILLIPS HWY. STE. 219		
CITY- ST- ZIP	JACKSONVILLE FL 32207		
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1st MOORE CR2E003 (10/07)

4. FEI Number **65-0087361** Applied For  
Not Applicable


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

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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:**  **ON BEHALF OF PHILIP B. PHILLIPS JR.**  
**PURSUANT TO POWER OF ATTORNEY**  
**DATED FEBRUARY 14, 2006.** 4/9/08 (904) 396-9960  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Creating Phone

STAPLE CHECK HERE