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

## DOCUMENT # A28141 1. Entity Name HI FIVE OF NORTHWEST FLORIDA, LTD. Principal Place of Business 1136 PONDEROSA TR.



**FILED** Jan 14, 2008 08:00 AN Secretary of State

Mailing Address

1136 PONDEROSA TR. CHIPLEY, FL 32428 CHIPLEY, FL 32428



01092008 No Chg-LP

CR2E003 (12/06)

4. FEI Number		Applied For
59-2947586		Not Applicable
5. Certificate of Status Desired	\$8.75 Fee Reg	Additional uired

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

1205 DRAGONFLY LANE		DO NOT WRITE		
	FL 32428	IN THIS SPACE		
		IN THIS STAGE		
8 The above	parmed entity submits this statement for the purpose of changing item	registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
the obligat	inamed entry sworms this statement for the purpose of changing its tions of registered agent.	registered dirice di registered agent, or botti, in the State of Florida. I am lamiliar with, and accept		
SIGNATURE	. Signature, typed or printed name of registered agent and the ff applicable			
	Signature, typed or printed name or registered agent and the if applicable	DATE		
	FILE NOW!!! FEE 18 \$500.00 After May 1, 2008, Fee will be \$90	3.00		
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 #				
NAME	PADGETT, B R			
STREET ADDRESS	1136 PONDEROSA TR.	· •		
CITY-ST-ZIP	CHIPLEY, FL 32428			
DOCUMENT /				
NAME		U00000782187 01/15/08~80064-020 500.00		
STREET ADDRESS	,	01/15/08~80064-020 500.00		
CITY-ST-ZIP		_{		
DOCUMENT #				
NAME		DO NOT WOITE		
STREET ADDRESS City-St-Zip		DO NOT WRITE		
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DOCUMENT #		IN THIS SPACE		
NAME STREET ADDRESS		1		
CITY-ST-ZIP				
DOCUMENT / NAME				
STREET ADDRESS				
CITY - ST- ZIP				
DOCUMENT #				
NAME				

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:

STREET ADDRESS CITY-ST-ZIP