

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

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

DOCUMENT # A28368

1. Entity Name

HUGH CORRIGAN, III, FAMILY LIMITED PARTNERSHIP



Principal Place of Business

**7150 20TH STREET, SUITE E
 VERO BEACH FL 32966**

Mailing Address

**7150 20TH STREET, SUITE E
 VERO BEACH FL 32966**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc

State, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E003 (10/07)

4. FEI Number

65-0164947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HENDERSON, STEVE L
 817 BEACHLAND BOULEVARD
 VERO BEACH FL 32963**

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 date of application

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 #
 NAME **CORRIGAN, HUGH, III**
 STREET ADDRESS **7150 - 20TH ST., STE E**
 CITY-STATE-ZIP **VERO BEACH FL**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-STATE-ZIP

**U000000824124
 04/17/08-00031-009 500.00**

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-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: *Hugh Corrigan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HUGH CORRIGAN

4-2-08

772-567-7441