


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 08 MAY -7 PM 1:51

DOCUMENT # A28479			
1. Entity Name LABELLE COMMONS, LTD.			
Principal Place of Business 5505 N. ATLANTIC AVE., #115 COCOA BEACH, FL 32931		Mailing Address PO BOX 321209 COCOA BEACH, FL 32932	
2. Principal Place of Business - No P.O. Box # <u>ATLANTIS ROAD</u>		3. Mailing Address	
Suite, Apt. #, etc. <u>405-B</u>		Suite, Apt. #, etc.	
City & State <u>CAPE CANAVERAL, FL</u>		City & State	
Zip <u>32920</u>	Country	Zip	Country
4. FEI Number 59-2950805		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KINCAID, JAMES 5505 N. ATLANTIC AVE., #115 PO BOX 321209 COCOA BEACH, FL 32932-1209		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		<u>405-B ATLANTIS ROAD</u>	
		City	State
		<u>CAPE CANAVERAL</u>	<u>FL</u>
		Zip Code	
		<u>32920</u>	
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 _____	
Signature, typed or printed name of registered agent and title if applicable.			
FILE NOW!!! FEE IS \$500.00		200128734672	
After May 1, 2008, Fee will be \$900.00		05/07/08--01009--023 **508.75	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	DEHARDER, ROBERT	STREET ADDRESS	<u>405-B ATLANTIS ROAD</u>
NAME	5505 N. ATLANTIC AVE., #115, PO BOX 321209	CITY-ST-ZIP	<u>CAPE CANAVERAL, FL 32920</u>
STREET ADDRESS	COCOA BEACH, FL 329321209		
CITY-ST-ZIP			
DOCUMENT #	MCPHILLIPS, FRANCIS	STREET ADDRESS	<u>405-B ATLANTIS ROAD</u>
NAME	5505 N. ATLANTIC AVE., #115, PO BOX 321209	CITY-ST-ZIP	<u>CAPE CANAVERAL, FL 32920</u>
STREET ADDRESS	COCOA BEACH, FL 329321209		
CITY-ST-ZIP			
DOCUMENT #	FRAZIER, JOHN	STREET ADDRESS	<u>405-B ATLANTIS ROAD</u>
NAME	5505 N. ATLANTIC AVE., #115, PO BOX 321209	CITY-ST-ZIP	<u>CAPE CANAVERAL, FL 32920</u>
STREET ADDRESS	COCOA BEACH, FL 32931		
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NAME		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: <u>James Kincaid</u>		Date: <u>4/20/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone # <u>321-799-4090</u>	

STAPLE CHECK HERE