


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # A29426	
1. Entity Name FINKS FAMILY PARTNERSHIP, LTD.	

Principal Place of Business 1000 COUNTY RD. 846 EAST IMMOKALEE, FL 34142	Mailing Address 1000 COUNTY RD. 846 EAST IMMOKALEE, FL 34142
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01112008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0115127	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FINKS, GLENN 1000 COUNTY RD. 846 EAST IMMOKALEE, FL 34142

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	FINKS, CHARLES DONALD	STREET ADDRESS	
NAME	1000 COUNTY RD. 846 EAST	CITY-ST-ZIP	
STREET ADDRESS	IMMOKALEE, FL 34142		
CITY-ST-ZIP			
DOCUMENT #	FINKS, CHARLES GLENN	STREET ADDRESS	
NAME	1000 COUNTY RD. 846 EAST	CITY-ST-ZIP	
STREET ADDRESS	IMMOKALEE, FL 34142		
CITY-ST-ZIP			
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CITY-ST-ZIP			

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01/29/08-80022 001 500.00

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: *Glenn Finks* **Glenn Finks** **1/21/08** **239-657-381**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE