

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # A29451

1. Entity Name
MARKER INVESTMENT PROPERTIES, LTD.



Principal Place of Business

**P.O. BOX 775
POLK CITY, FL 33868**

Mailing Address

**P.O. BOX 775
POLK CITY, FL 33868**



01092008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2988828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARKER, ALVIN C
685 CR 559 A
AUBURNDAL, FL 33823**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

U00000789745

01/23/08-80005-021 500.00

DATE

**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

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

**MARKER, ALVIN C
P.O. BOX 775 N/A
POLK CITY, FL 33868**

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

**MARKER BRUNO, DEBRA
315 WHITE CLIFF BLVD
AUBURNDAL, FL 33823**

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

**MARKER DOBSON, JOYCE
301 WHITE CLIFF BLVD
AUBURNDAL, FL 33823**

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

**MARKER, VICTOR C
16803 TUSCANOOGA ROAD
GROVELAND, FL 32736**

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE