


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # A29897	
1. Entity Name STRICKLAND PROPERTIES, LTD.	

Principal Place of Business 11935 RIVERHILLS DRIVE TAMPA, FL 33617	Mailing Address 11935 RIVERHILLS DRIVE TAMPA, FL 33617
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03192008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent	
KOCIS, JUDY S 11935 RIVERHILLS DRIVE TAMPA, FL 33617	

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 #	KOCIS, JUDY S	STREET ADDRESS	
NAME	11935 RIVERHILLS DRIVE	CITY-ST-ZIP	
STREET ADDRESS	TAMPA, FL 33617		
CITY-ST-ZIP			
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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: Judy Kocis **4-3-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE