

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A30292**

1. Entity Name  
**WETHERBEE ACRES, LTD.**



Principal Place of Business  
**ATTN: GEORGE T. EIDSON, JR.**  
**420 ORANGE AVE., 12TH FLOOR**  
**ORLANDO, FL 32801**

Mailing Address  
**ATTN: GEORGE T. EIDSON, JR.**  
**P.O. BOX 231**  
**ORLANDO, FL 32802**

**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

**59-3030897**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**EIDSON, GEORGE T JR**  
**420 S. ORANGE AVE.**  
**12TH FL**  
**ORLANDO, FL 32801**

**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.

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 **EIDSON, GEORGE T., JR.**  
STREET ADDRESS **420 S. ORANGE AVE. 12TH FLOOR**  
CITY-ST-ZIP **ORLANDO, FL 32801**

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U00000813245  
02/12/08-80082-010 500.00

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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 #

**1/29/08**

STAPLE CHECK HERE