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

DO NOT WRITE IN THIS SPACE

## FILED Apr 22, 2008 08:00 AN Secretary of State

	(	$\cap$	-IN		NT	#	Δ	3	በ	5	R	5
u	v	u	่วท	/	N I	#	7		v	v	v	v

1. Entity Name

THE STERN FIRST FAMILY LIMITED PARTNERSHIP



Principal Place of Business

16301 SONSOLES DRIVE-AVILA TAMPA, FL 33613 Mailing Address

16301 SONSOLES DRIVE-AVILA TAMPA, FL 33613



04162008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3024862 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STERN, CHARLES A. 16301 SONSOLES DRIVE-AVILA TAMPA, FL 33613

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing its retions of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and trip if applicable	DATE	
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.0		· ·
_	A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the	TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. e form; an amendment must be filed to change a general partner.	
12.	GENERAL PARTNER INFORMATION		· ·
DOCUMENT #			
NAME	STERN, CHARLES A.		4
STREE! ADDRESS	16301 SONSOLES DR-AVILA	U000009 4007	`.
CITY-ST-ZIP	TAMPA, FL	U00000914007 05/08/08-80039-015	: ຊິດດ໌ ດດ
DOCUMENT #		00,00,00 00000 010	,000,00
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT /			
NAME		DO NOT WOLTE	
STREET ADDRESS		DO NOT WRITE	
CITY-ST ZIP		IN THE COACE	,
DOCUMENT #		IN THIS SPACE	
NAME		ľ	
STREET ADDRESS		•	
CITY-ST-ZIP			
DOCUMENT #			•
NAME		• .	-

14. I hereby certify that the information supplied with this filling 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:

STAPLE CHECK HERE

STREET ADDRESS
CITY-SI-ZIP
DOCUMENT /
NAME
STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING GENERAL PARTIES

4-16-08 (813)928-8860