

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A30907

1. Entity Name
P-4 PARTNERS, LTD.



FILED

08 JUL 29 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3801 PGA BLVD., STE. 555
PALM BEACH GARDENS, FL 33410

Mailing Address
~~3801 PGA BLVD., STE. 555~~
~~PALM BEACH GARDENS, FL 33410~~

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
150 South US Hwy One
Suite, Apt. #, etc.
400

Suite, Apt. #, etc.

City & State

City & State
Jupiter, FL

Zip

Country

Zip

33477

Country

US

06092008

Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0239988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, HENRY A
~~3801 PGA BLVD., STE. 555~~
~~PALM BEACH GARDENS, FL 33410~~

Henry A Perry

6-30-08

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

150 South US Hwy One # 400

City Jupiter

FL

Zip Code 33477

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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 PERRY, JOHN H III
STREET ADDRESS ~~3801 PGA BLVD., STE. 555~~
CITY-ST-ZIP ~~PALM BEACH GARDENS, FL 33410~~

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 150 South US Hwy One # 400
CITY-ST-ZIP Jupiter, FL 33477

STREET ADDRESS
CITY-ST-ZIP 300133411173
07/24/08--01050--016 **500.00

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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

JOHN H. PERRY III

SIGNATURE: *John H. Perry III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

13 JUN 08

3617468489
Daytime Phone #

STATE OF FLORIDA