

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

**FILED**  
**Feb 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A30974**

1. Entity Name  
**LAGNIAPPE GROUP, LTD.**



Principal Place of Business  
**5300 BRADFORDVILLE ROAD  
TALLAHASSEE, FL 32309**

Mailing Address  
**5300 BRADFORDVILLE ROAD  
TALLAHASSEE, FL 32309**



01142008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3042686**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**LEWIS, CAROL G  
5300 BRADFORDVILLE ROAD  
TALLAHASSEE, FL 32309**

**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	STREET ADDRESS	CITY-ST-ZIP
	LEWIS, RANDOLPH G	211 JOHN KNOX RD - STE 106	TALLAHASSEE, FL 32303
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	LEWIS, ELIZABETH C	3750 BOBBIN BROOK CT	TALLAHASSEE, FL 32312
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	LEWIS, STEVEN G	P O BOX 775893	STEAMBOAT SPRINGS, CO 80477
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	LEWIS, KATHRYN N	1317 LEMOND	TALLAHASSEE, FL 32308
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

U00000816163  
02/14/08-80038-010 500.00

**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:**

*Elizabeth C. Lewis* **ELIZABETH C. LEWIS** GNL. PTN. 2/3/08 850-907-0401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE