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

FILED
Jan 07, 2008 08:00 AM
Secretary of State

1. Entity Name HARVEY FARMS, LTD.



Principal Place of Business

6265 SE 86TH BVLVD. OKEECHOBEE, FL 34974 Mailing Address

6265 SE 86TH BVLVD. OKEECHOBEE, FL 34974



## DO NOT WRITE IN THIS SPACE

01042008 1	No Chg-LP	CR2E003 (1	12/06)
I FELNiumbar			Applied For

	4. FEI Number		Applied For
	59-1187840		Not Applicable
5. Certificate of Status Desired			\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARVEY, CLOIS J 6265 SE 86TH BLVD. OKEECHOBEE, FL 34974

## DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, it the obligations of registered agent.	in the State of Florida.	l am familiar with, and a	ccept
SIGNATURE	GNATURE	•		
۰۰۰	Signature, typed or printed name of registered agent and title if applicable.	0	ATE	

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.

	HOTE: College and the man hot be changed on the		
	12.	GENERAL PARTNER INFORMATION	
	DOCUMENT # NAME	L90993 HARVEY FARMS CORP.	
	STREET ADDRESS CITY-ST-ZIP	6265 SE 86TH BLVD. OKEECHOBEE, FL	
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	OKLEGHOBEE, FE	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
ָנ <u>ָ</u>	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
ייייייייייייייייייייייייייייייייייייייי	DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP		

U00000775281 01/08/08-80024-002 500.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SECTING GENERAL PARTNE

01-.04-08

863-763-4270

Daytime Phone i