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

CHECK THE

STAPLE

CITY-ST-7/P

SIGNATURE:

## Feb 15, 2008 08:00 AM Secretary of State **DOCUMENT #A92000000286** SIMPSON FAMILY PARTNERSHIP, LTD. Principal Place of Business Mailing Address 445 LIMIT AVENUE **445 LIMIT AVENUE** MT DORA, FL 32757 MT DORA, FL 32757 01312008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3157941 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SIMPSON, ROBERT L DO NOT WRITE 445 LIMIT AVENUE MT. DORA, FL 32757 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE 18 \$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 SIMPSON, ROBERT L STREET ADDRESS 445 LIMIT AVENUE CITY-ST-7/P MT. DORA, FL 32757 U000000830126 DOCUMENT # 02/26/08-80071-005 500.00 NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME .... STREET ADDRESS

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 thet 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

NTED NAME OF SIGNING GENERAL PARTNES

**FILED**