

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

cc: Jessica
 Stuart
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 8: 20

DOCUMENT # A92000000290 1. Entity Name SMITH FAMILY PARTNERS, LTD., LLLP					
Principal Place of Business 2620 W. TENNESSEE STREET TALLAHASSEE, FL 32304			Mailing Address P.O. BOX 1671 TALLAHASSEE, FL 32302		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3308108	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SMITH, IRENE W P. O. BOX 1671 TALLAHASSEE, FL 32302			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE <u>Irene W Smith, GENERAL PARTNER</u>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	SMITH, IRENE W 2612 W. TENNESSEE STREET TALLAHASSEE, FL 32304		STREET ADDRESS CITY - ST - ZIP	P.O. Box 1671 Tallahassee, FL 32302	
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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: Irene W Smith, GENERAL PARTNER					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE

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 05/01/08 01021-001 **\$500.00