


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

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

<b>DOCUMENT # A93000000919</b> 1. Entity Name <b>CARON FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>54 S KIRKMAN RD. STE. E ORLANDO, FL 32811</b>	Mailing Address <b>54 S KIRKMAN RD. STE. E ORLANDO, FL 32811</b>
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**DO NOT WRITE IN THIS SPACE**



04152008 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-0433505</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>DOUMAR, CURTIS, CROSS, LAYSTROM &amp; PERLOFF C/O JEFFREY S. WACHS, ESQ. 1177 S.E. 3RD AVE. FT. LAUDERDALE, FL 33316-1197</b>
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<b>0000000947450</b> <b>05/02/08-81113-021 500.00</b>
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<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>
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**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	<b>CARON, RAYMOND F MD</b>
STREET ADDRESS	<b>5852 MEDINAH WAY</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

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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

<b>SIGNATURE</b> 	<b>5/1/08</b> <b>4072924453</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>

STAPLE CHECK HERE