


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 11:45

DOCUMENT # A93000001043 1. Entity Name LAWRENCE A. HEATON LTD.					
Principal Place of Business 20720 EAGLE CREEK COURT BOCA RATON, FL 33498		Mailing Address 20720 EAGLE CREEK COURT BOCA RATON, FL 33498			
2. Principal Place of Business - No P.O. Box # 250 MESTRE PLACE		3. Mailing Address 250 MESTRE PLACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NORTH VENICE, FL		City & State NORTH VENICE, FL		4. FEI Number 65-0440705	
Zip 34275		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLER, VIRGINIA H 20720 EAGLE CREEK COURT BOCA RATON, FL 33498		7. Name and Address of New Registered Agent Name KELLER, VIRGINIA H Street Address (P.O. Box Number is Not Acceptable) 250 MESTRE PLACE City NORTH VENICE FL Zip Code 34275			
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 <u><i>Virginia H Keller</i></u> DATE <u><i>4/8/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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	250 MESTRE PLACE	
NAME	KELLER, VIRGINIA		CITY - ST - ZIP	NORTH VENICE, FL 34275	
STREET ADDRESS	20720 EAGLE CREEK CT				
CITY - ST - ZIP	BOCA RATON, FL 33498				
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CITY - ST - ZIP					
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: <u><i>Virginia H Keller, General Partner</i></u>			Date <u><i>4.8.08</i></u> Daytime Phone # <u><i>941.475.4221</i></u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
VIRGINIA H KELLER GENERAL PARTNER					

STAPLE CHECK HERE