


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # A93000001165 1. Entity Name LUCILLA E. KEEN FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 130 EAST CENTRAL AVENUE LAKE WALES, FL 33859-1079	Mailing Address P.O. BOX 1079 LAKE WALES, FL 33859-1079
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01042008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3128851	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MYERS, CORNEAL B 130 EAST CENTRAL AVENUE LAKE WALES, FL 33859-1079
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	
DOCUMENT #	
NAME	KEEN, LUCILLA E
STREET ADDRESS	441 EAST TILLMAN AVENUE
CITY-ST-ZIP	LAKE WALES, FL 33853
DOCUMENT #	
NAME	KEEN WITTEN, MARY JO
STREET ADDRESS	2915 SARATOGA LANE
CITY-ST-ZIP	TUSCALOOSA, AL 35406
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000834684
02/29/08-80002-015 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: Lucilla E. Keen 2/12-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**SIGN
HERE**