

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # A93000001301

1. Entity Name
DENNIS C. ROSS FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**800 N STATE ST
BUNNELL, FL 32110**

Mailing Address
**P.O. BOX 354768
PALM COAST, FL 32135-4768**



04072008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3212786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSS, DENNIS C
800 N STATE ST
BUNNELL, FL 32110**

**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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

DATE

4-7-08

**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
STREET ADDRESS
CITY-ST-ZIP

**ROSS, DENNIS C
P.O. BOX 354768
PALM COAST, FL 321354768**

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

**TRAUSNECK, PAMELA G
P.O. BOX 354768
PALM COAST, FL 321354768**

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #

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CITY-ST-ZIP

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CITY-ST-ZIP

U000000829357
04/22/08-80050-008 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

4-7-08

Daytime Phone #

386 437-7007

STAPLE CHECK HERE