## Due By May 1, 2008

CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

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## **FILED** 2008 LIMITED PARTNERSHIP ANNUAL REPORT Apr 18, 2008 08:00 All Secretary of State DOCUMENT # A93000001411 COLÉMAN FAMILY PROPERTIES, LTD. Principal Place of Business Mailing Address 2111 LAKESIDE DR. 2111 LAKESIDE DR. ORLANDO, FL 32803 ORLANDO, FL 32803 04132008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3215390 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE COLEMAN LABORATORIES, INC. 2111 LAKESIDE DR. ORLANDO, FL 32803 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 acce the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable DATE 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 P93000087359 DOCUMENT # COLEMAN LABORATORIES, INC. NAME STREET ADDRESS 2111 LAKESIDE DR. CITY-ST-ZIP ORLANDO, FL 32803 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS

DO NOT WRITE IN THIS SPACE

Applied For

Not Applica

\$8.75 Additional

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 informatic 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 partnersh or the receiver or trustee empowered to execute this peport as required by Chapter 620. Florida Statutes