

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

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A93000001456**

1. Entity Name  
**DEMETREE FAMILY PARTNERSHIP, LLLP**



Principal Place of Business  
**731 VASSAR STREET  
ORLANDO, FL 32804**

Mailing Address  
**731 VASSAR STREET  
ORLANDO, FL 32804**



04212008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**59-3224272**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DEMETREE, PAUL A  
731 VASSAR STREET  
ORLANDO, FL 32804**

**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, 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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DEMETREE, PAUL A  
2620 N. WESTMORLAND DRIVE  
ORLANDO, FL 32804**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DEMETREE, JOHN W  
5857-A 21ST AVENUE WEST  
BRADENTON, FL 34209**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DEMETREE-DASHER, FRANCES  
14255 SUMMERLIN AVE.  
ORLANDO, FL 32806**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DEMETREE-COWHERD, CECILIA  
2132 MOHAWK TRAIL  
MAITLAND, FL 32751**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DEMETREE, ARTHUR J  
371 FOXHILL DRIVE  
DEBARY, FL 32713**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000930940  
05/21/08-80129-014 500.00

**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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/25/08 4072160382**