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2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

2008 MAY 14 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000000060					
1. Entity Name THE KOSIER FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 3644 DOUGLAS FERRY ROAD BONIFAY, FL 32425			Mailing Address 3644 DOUGLAS FERRY ROAD BONIFAY, FL 32425		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3216053	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOSIER, LORIE NE 3644 DOUGLAS FERRY ROAD BONIFAY, FL 32425				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 date 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				13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	KOSIER, MERRILL TRUSTEE			CITY-ST-ZIP	
CITY-ST-ZIP	3644 DOUGLAS FERRY ROAD				
	BONIFAY, FL 32425				
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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					
Lorlene Kosier, Trustee, Kosier Family Trust, et					
SIGNATURE: _____				3/20/08 (850) 547-9579	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					