


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # A94000000196	
1. Entity Name THE DOLORES A. BARTH FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 5331 DOMINICA CIRCLE SARASOTA FL 34233	Mailing Address 5331 DOMINICA CIRCLE SARASOTA FL 34233
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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

1st MOORE CR2E003 (10/07)

4. FEI Number 65-0468646	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 BURQUEST, BILLIE 5331 DOMINICA CIRCLE SARASOTA FL 34233	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 filed application DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	
NAME	BURQUEST, BILLIE	CITY-ST-ZIP	
STREET ADDRESS	5331 DOMINICA CIRCLE		
CITY-ST-ZIP	SARASOTA FL 34233		
DOCUMENT #		STREET ADDRESS	0000000863480
NAME		CITY-ST-ZIP	04/08/08-80049-007 500.00
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STREET ADDRESS			
CITY-ST-ZIP			

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

Billie B. Burquest

PH: 941-342-4575

3-21-08

SIGNATURE: *Billie B. Burquest*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Expiring Date