


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

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A94000000308 1. Entity Name GEOFFREY L. COIT FIRST FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 1420 FAIRFIELD DRIVE CLEARWATER FL 34616	Mailing Address 1420 FAIRFIELD DRIVE CLEARWATER FL 34616
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent COIT, GEOFFREY L 1420 FAIRFIELD DRIVE CLEARWATER FL 34616	
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4. FEI Number 65-0462327	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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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 Geoffrey L. Coit - GEOFFREY L. COIT DATE 2/20/08
Signature, by print, printed name of registered agent and date of application

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 #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	
	CITY-ST-ZIP		U000000837880
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	03/05/08-80007-019 500.00
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
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	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	
	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

SIGNATURE: Geoffrey L. Coit - GEOFFREY L. COIT DATE 2/20/08 PHONE 727-531-0569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE