

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # A94000000412
 1. Entity Name
WEITZENKORN FAMILY PARTNERSHIP, LTD.



| | |
|---|--|
| Principal Place of Business 36648 MISSOURI AVENUE DADE CITY, FL 33525 | Mailing Address P.O. BOX 1896 DADE CITY, FL 33526-1896 |
|---|--|

DO NOT WRITE IN THIS SPACE



01062008 No Chg-LP CR2E003 (12/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3260962 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
WEITZENKORN, OTTO
36648 MISSOURI AVENUE
DADE CITY, FL 33525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title 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

| | |
|----------------|-------------------------------|
| DOCUMENT # | 218986 |
| NAME | OUTLET DEPARTMENT STORE, INC. |
| STREET ADDRESS | 36648 MISSOURI AVENUE |
| CITY-ST-ZIP | DADE CITY, FL 33525 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

UD0000779810
01/11/08-80052-007 500.00

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: *Otto Weitzkorn* *Otto Weitzkorn* *1-7-08* *352-567-5452*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

PRES. OF Outlet Department Store, Inc