



2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

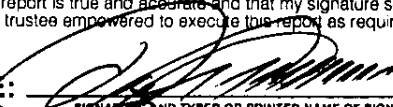
FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # A94000000531 1. Entity Name CHAMBLISS, LLLP					
Principal Place of Business 6550 NORTH FEDERAL HIGHWAY, SUTE 240 FORT LAUDERDALE, FL 33308			Mailing Address 6550 NORTH FEDERAL HIGHWAY, SUTE 240 FORT LAUDERDALE, FL 33308		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01302008 Chg-LP CR2E003 (12/06)	
Zip		Country		4. FEI Number 65-0477691	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHAMBLISS, JOE A 6550 NORTH FEDERAL HIGHWAY, SUTE 240 FORT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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	CHAMBLISS, JOE A		CITY-ST-ZIP		
CITY-ST-ZIP	201 NORTH WEST 127TH AVENUE PLANTATION, FL 33325		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 02/26/08 00071 012 500.00

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:  **2/13/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #