2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A9400000830 THE COLE FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 5490 PALMER BLVD 1104 FONTAINE ROAD LEXINGTON, KY 40502 SARASOTA, FL 34232 DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE TALLAHASSEE, FLORIDA

08 MAR 11 AM 7: 23



02012008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0506983

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

255-8581

- - - 6. Name and Address of Current Registered Agent

MEDLOCK, SHIRLEY ANN 5940 PALMER BLVD.

SIGNATURE:

DO NOT WRITE

	A, FL 34232	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	Signature, typed or printed name of registered agent and title if applicable.	DATE
1. Sept. 1.	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.0	0
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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000055457 CFP CORP. 5490 PALMER BLVD SARASOTA, FL 34232	900120011218 03/12/0801004012 **500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #		U3/12/U881004012 ¯**500.00
NAME T STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY*ST-ZIP	,	
DOCUMENT / NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER