


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

<b>DOCUMENT # A94000001510</b>		
1. Entity Name APPLEFIELD THREE FAMILY LIMITED PARTNERSHIP		
Principal Place of Business 8701 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32407		Mailing Address 2330 MONTGOMERY HIGHWAY DOTHAN, AL 36301
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 106 Adris Place
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State Dothan, AL
Zip	Country	Zip 36303 Country Houston

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 28 PM 2: 32



04232008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3305189	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent APPLEFIELD, BRYAN 8701 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32407	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000077255	STREET ADDRESS	
NAME	SKY BOUND, INC.	CITY - ST - ZIP	
STREET ADDRESS	8701 NORTH LAGOON DRIVE		
CITY - ST - ZIP	PANAMA CITY BEACH, FL 32407		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

500125885675  
 04/25/08--01052--018 \*\*508.75

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:  4-24-08 334-836-3590  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #