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

#### **DOCUMENT # A94000001687**

1. Entity Name

S&J FAMILY LIMITED PARTNERSHIP



Mailing Address

1355 SOUTH SUMMERLIN AVENUE ORLANDO, FL 32806

Principal Place of Business

1355 SOUTH SUMMERLIN AVENUE ORLANDO, FL 32806

# FILED Feb 14, 2008 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

01262008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3282992

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARUSO, STEPHEN M 1355 SOUTH SUMMERLIN AVENUE ORLANDO, FL 32806

SIGNATURE: .

# DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | İ                                                  |                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------|
| 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 regulatered agent and title 4 applicable                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                    |                                           |
| оциалите, турео от риялно палня от герцания о адент ато тие в аррисатие                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                    | DATE                                      |
| 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 /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                    | CARUSO, STEPHEN M<br>1355 SOUTH SUMMERLIN AVENUE<br>ORLANDO, FL 32806 |                                                    |                                           |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                             | CARUSO, JILL W<br>1355 SOUTH SUMMERLIN AVENUE<br>ORLANDO, FL 32806    |                                                    | U00000828594<br>02/26/08-80007-014 500.00 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                    | OT WRITE                                  |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | INTE                                               | IIS SPACE                                 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                    |                                           |
| DOCUMENT A<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c |                                           |
| 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 |                                                                       |                                                    |                                           |