

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A94000001834 1. Entity Name LWH FAMILY, LTD.																																																					
Principal Place of Business 30 FOURTH STREET SW WINTER HAVEN, FL 33880			Mailing Address P.O. BOX 1847 WINTER HAVEN, FL 33880 US																																																		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 7784																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																			
City & State		City & State WINTER HAVEN, FL																																																			
Zip	Country	Zip 33883-7784	Country USA	4. FEI Number 59-3290308																																																	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent HART, LOUISA WAY 1225 HAVENDALE BLVD., APT.425 WINTER HAVEN, FL 33880			7. Name and Address of New Registered Agent Name Russell C. Hart Street Address (P.O. Box Number is Not Acceptable) 700 East Laurel Ave. City Eagle Lake FL Zip Code 33839																																																		
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 <u><i>Russell C. Hart</i></u> DATE <u>4/24/2008</u> <small>Signature, typed or printed name of registered agent and date if applicable</small>																																																					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00																																																					
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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: <u><i>Russell C. Hart, G.P.</i></u> DATE <u>4/24/2008</u> DAYTIME PHONE # <u>863-291-6453</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>																																																					

STAPLE CHECK HERE

FILED

2008 APR 29 P 12:52



04242008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3290308 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, LOUISA WAY
1225 HAVENDALE BLVD., APT.425
WINTER HAVEN, FL 33880

Name *Russell C. Hart*
 Street Address (P.O. Box Number is Not Acceptable)
700 East Laurel Ave.
 City *Eagle Lake* **FL** Zip Code *33839*

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

Russell C. Hart

DATE

4/24/2008

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 #
 NAME *HART, LOUISA WAY deceased*
 STREET ADDRESS *30 FOURTH STREET SW*
 CITY-ST-ZIP *WINTER HAVEN, FL 33880 9/19/2007*

13. ADDRESS CHANGES ONLY
 STREET ADDRESS
 CITY-ST-ZIP
 04/29/08--01012--004 **500.00

DOCUMENT #
 NAME *Russell C. Hart*
 STREET ADDRESS *30 Fourth Street SW*
 CITY-ST-ZIP *Winter Haven, FL 33880*

STREET ADDRESS
 CITY-ST-ZIP
(Amendment Filed-Notation only here)

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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Russell C. Hart, G.P.

4/24/2008 863-291-6453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #