

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

**FILED
Jan 25, 2008 08:00 AM
Secretary of State**

DOCUMENT # A95000000081
1. Entity Name
THE BALL FAMILY PARTNERSHIP, LTD.



Principal Place of Business: 702 NORTH RIDE, TALLAHASSEE FL 32303
Mailing Address: 702 NORTH RIDE, TALLAHASSEE FL 32303



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent
PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

4. FEI Number: 59-3246190
Applied For: Not Applicable

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

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 _____
Signature typed or printed in print by the registered agent and filed applicable

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	ETHRIDGE, FRANCES B	STREET ADDRESS	
NAME	1366 WYNTER CREEK LANE	CITY-ST-ZIP	
STREET ADDRESS	DUNWOODY GA 30338		
CITY-ST-ZIP			
DOCUMENT #	OSKING, NANCY B	STREET ADDRESS	
NAME	1630 SEAWAY DRIVE, UNIT 203	CITY-ST-ZIP	
STREET ADDRESS	FT. PIERCE FL 34949		
CITY-ST-ZIP			
DOCUMENT #	BALL, JAMES A III	STREET ADDRESS	
NAME	702 NORTH RIDE	CITY-ST-ZIP	
STREET ADDRESS	TALLAHASSEE FL 32303		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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01/28/08-80007-023 500.00

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: *James A. Ball III* JAMES A. BALL III 1/24/08 850-386-2521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE