


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

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # A95000000461 1. Entity Name LAUREL ENTERPRISES, LIMITED PARTNERSHIP	
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Principal Place of Business 139 W. CONNIE LEE CT. LAKELAND FL 33809-2259	Mailing Address P.O. BOX 91085 LAKELAND FL 33804
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 59-3310081	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TARA FINANCIAL SERVICES, INC. 139 CONNIE LEE CT. LAKELAND FL 33809	
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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 _____ <small>Signature, typed or printed name of registered agent and one if applicable</small>	DATE _____

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 #	NAME	STREET ADDRESS	
NAME	DECUBELLIS, STEPHEN JR	CITY-ST-ZIP	
STREET ADDRESS	139 CONNIE LEE COURT		
CITY-ST-ZIP	LAKELAND FL 33809		
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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:  **Stephen DeCubellis Jr.** **4/1/08 863-858-8998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Ongoing Phone #

STAPLE CHECK HERE