

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

DOCUMENT # A95000001028

1. Entity Name

VOGT FAMILY LIMITED PARTNERSHIP



**FILED**

**Feb 07, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
23650 VIA VENETO, APT. 904  
BONITA SPRINGS FL 34134

Mailing Address

23650 VIA VENETO, APT. 904  
BONITA SPRINGS FL 34134

2. Principal Place of Business - No P.C. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0592974

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCIARRETTA, STEVEN A ESQ  
SCIARRETTA & SCHNER, P.A.  
2300 GLADES ROAD, SUITE 302E  
BOCA RATON FL 33431

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 name of registered agent and one of applicable

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	VOGT, GARY S	CITY-ST-ZIP	
STREET ADDRESS	23650 VIA VENETO, APT. 904		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	VOGT, VERONICA	CITY-ST-ZIP	
STREET ADDRESS	23650 VIA VENETO, APT. 904		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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:

*Gary S. Vogn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Feb 2, 2008*

*239-947-5698*

Daytime Phone #