


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # A95000001070 1. Entity Name COMBEEWOOD, LTD.	
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Principal Place of Business 2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803	Mailing Address 2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2149572	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 SCHARAR, TOM E 2933 S. FLORIDA AVE., SUITE #4 LAKELAND, FL 33803	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 #	550199
NAME	UNITED INVESTMENTS, INC.
STREET ADDRESS	2933 SOUTH FLORIDA AVE., SUITE #4
CITY-ST-ZIP	LAKELAND, FL 33803
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/08-80077-004 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: Tom E Scharar **4-10-8** 863-687-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #