


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

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # A95000001496 1. Entity Name THE GARBER FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 775 TYLER DRIVE SARASOTA FL 34236	Mailing Address 775 TYLER DRIVE SARASOTA FL 34236
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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 65-0616959	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 GARBER, RUDOLPH C JR 775 TYLER DRIVE SARASOTA FL 34236	
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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 _____ 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	GARBER, RUDOLPH C JR.		
STREET ADDRESS	775 TYLER DRIVE		
CITY-ST-ZIP	SARASOTA FL 34236		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	GARBER, JOCELYN F		
STREET ADDRESS	775 TYLER DRIVE		
CITY-ST-ZIP	SARASOTA FL 34236		
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			

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02/20/08-80095-023 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: Jocelyn F. Garber 2-8-08 941-388-1759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Office Phone

STAPLE CHECK HERE