

2008 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2008****FILED**
Jan 31, 2008 08:00 AM
Secretary of State**DOCUMENT # A95000001502**

1. Entity Name

THE MORGAN FAMILY LIMITED PARTNERSHIP



Principal Place of Business

1109 BRYN MAWR
LAKE WALES, FL 33853

Mailing Address

1109 BRYN MAWR
LAKE WALES, FL 33853

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

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162008

Chg-LP

CR2E003 (12/06)

City & State

City & State

4. FEI Number

59-3338810

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**VREELAND, JOHN K
ONE LAKE MORTON DR.
LAKE LAND, FL 33801**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 name of registered agent and title if applicable.

DATE

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****13. ADDRESS CHANGES ONLY**

DOCUMENT #

NAME

RX RANCH, LLC

STREET ADDRESS

1109 BRYN MAWR

CITY-ST-ZIP

LAKE WALES, FL 33853

STREET ADDRESS

CITY-ST-ZIP

1100000809666

DOCUMENT #

NAME

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE