

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

DOCUMENT #A95000001567

1. Entity Name  
**LORRAINE Y. WHITING LIMITED PARTNERSHIP**



Principal Place of Business  
**502 CEMETERY ROAD  
 GENEVA, FL 32732**

Mailing Address  
**P.O. BOX 155  
 GENEVA, FL 32732**

**FILED**  
**08 FEB -8 PM 3:40**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**



01092008 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-3359679</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**WHITING, LORRAINE Y  
 502 CEMETERY ROAD  
 GENEVA, FL 32732**

**DO NOT WRITE  
 IN THIS SPACE**

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**

**500118143495  
 02/15/08-01036-025 #500.00**

**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 #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**WHITING, LORRAINE Y  
 502 CEMETERY ROAD  
 GENEVA, FL 32732**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**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

*407.349.5495*

**SIGNATURE:** *Lorraine Y. Whiting*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

*1-36-2008*

Daytime Phone #