

**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)

**DO NOT WRITE IN THIS SPACE**

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

500118149495  
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	WHITING, LORRAINE Y
STREET ADDRESS	502 CEMETERY ROAD
CITY-ST-ZIP	GENEVA, FL 32732

DOCUMENT #	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Lorraine Y. Whiting*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

407. 349. 5495  
1-36-2008

STAPLE CHECK HERE