

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

03 MAY -1 PM 2:47

DOCUMENT # A95000001698

1. Entity Name
 DISMUKE FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 807 ALTA VISTA DRIVE
 HAINES CITY, FL 33844

Mailing Address
 P. O. BOX 1385
 HAINES CITY, FL 33844

2. Principal Place of Business - No P.O. Box #
 1895 Eloise Cove Dr.

3. Mailing Address
 1895 Eloise Cove Dr.



04212008 Chg-LP CR2E003 (12/06)

City & State
 Winter Haven, FL

City & State
 Winter Haven, FL

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

Zip
 33884

Country
 USA

Zip
 33884

Country
 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DISMUKE, ZAN A
 1895 ELOISE COVE DRIVE
 WINTER HAVEN, FL 33884

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

Zan A. Dismuke

04-24-08

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
 STREET ADDRESS
 CITY-ST-ZIP
 DISMUKE, ZAN A
 1895 ELOISE COVE DR
 WINTER HAVEN, FL 33884

STREET ADDRESS
 CITY-ST-ZIP
 200127236392
 04/30/08--01008--016 **500.00

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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:

Zan A. Dismuke *Zan A. Dismuke* 04/24/08 (863) 662-4403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE