

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB 19 PM 4:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



02062008 Chg-LP CR2E003 (12/06)

DOCUMENT # A95000001858

1. Entity Name
THE RYAN FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**1903 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020**

Mailing Address
**1903 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020**

2. Principal Place of Business - No P.O. Box #
722 E. Las Olas Blvd

3. Mailing Address
722 E. Las Olas Blvd

City & State
FT. LAUD, FL
Zip
33301
Country
Broward

City & State
FT. LAUD, FL
Zip
33301
Country
Broward

4. FEI Number
65-0648892

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RYAN, KATHERINE
1903 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
722 EAST LAS OLAS BLVD
City
FT. LAUD FL 33301

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
Katherine Ryan

DATE
2/7/08

**X 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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**RYAN, KATHERINE M
2441 S.W. 29TH WAY
FORT LAUDERDALE, FL 33312**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
**400117966754
02/13/08--01029--018 **\$500.00**

DOCUMENT #
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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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: *Katherine Ryan*

DATE
2/7/2008

STAPLE CHECK HERE