

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A95000002047

1. Entity Name
4B FINANCIAL SERVICES, LLLP



Principal Place of Business
**1601 MCCLOSKEY BOULEVARD
TAMPA, FL 33605**

Mailing Address
**1601 MCCLOSKEY BOULEVARD
TAMPA, FL 33605**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042008

Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3355516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PERTNOY, SIDNEY M ESQ.
NATIONS BANK TOWER AT INTERNATIONAL PLACE
100 S.E. 2ND STREET, 21ST FLOOR
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

BARKETT, KENNETH D.

Street Address (P.O. Box Number is Not Acceptable)

1601 MC CLOSKEY BLVD.

City

TAMPA

FL

Zip Code
33605

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

Kenn BARKETT G.P.
Signature, typed or printed name of registered agent and title if applicable.

DATE

2/4/08

**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	BARKETT, HARRY J
STREET ADDRESS	1601 MCCLOSKEY BLVD.
CITY-ST-ZIP	TAMPA, FL 33605
DOCUMENT #	
NAME	BARKETT, ANTHONY J
STREET ADDRESS	1601 MCCLOSKEY BLVD.
CITY-ST-ZIP	TAMPA, FL 33605
DOCUMENT #	
NAME	BARKETT, RICHARD A
STREET ADDRESS	1601 MCCLOSKEY BLVD.
CITY-ST-ZIP	TAMPA, FL 33605
DOCUMENT #	
NAME	BARKETT, KENNETH D
STREET ADDRESS	1601 MCCLOSKEY BLVD.
CITY-ST-ZIP	TAMPA, FL 33605
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**300118553993
02/21/08--01037--002 **\$00.00**

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:

General Partner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/4/08 813 248 1988

FILED

08 FEB 19 PM 12:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



STATE OF FLORIDA