

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # A95000002056

1. Entity Name
THE ALLEN C. WILLIAMS, SR. FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**720 SOUTH "C" STREET
PENSACOLA, FL 32501**

Mailing Address
**720 SOUTH "C" STREET
PENSACOLA, FL 32501**



01082008 No Chg-LP

CR2E003(12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3351560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WILLIAMS, ALLEN C SR.
720 SOUTH "C" STREET
PENSACOLA, FL 32501**

**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**

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	WILLIAMS, ALLEN C SR.
STREET ADDRESS	720 SOUTH "C" STREET
CITY-ST-ZIP	PENSACOLA, FL 32501

DOCUMENT #	
NAME	WILLIAMS, MARY E
STREET ADDRESS	720 SOUTH "C" STREET
CITY-ST-ZIP	PENSACOLA, FL 32501

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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01/15/08-80064-005 500.00

**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:

Allen C Williams Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/9/08 (850) 4324192
Date Daytime Phone #

STAPLE CHECK HERE