


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # A95000002081 1. Entity Name PITTEN FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 34 E. COURT ST. MELBOURNE, FL 32904	Mailing Address 34 E. COURT ST. MELBOURNE, FL 32904
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DO NOT WRITE IN THIS SPACE



02052008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3360459	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

**PITTEN, WILLIAM JR.
2375 BROOKSIDE WAY
INDIALANTIC, FL 32903**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	PITTEN, WILLIAM JR.
STREET ADDRESS	2375 BROOKSIDE WAY
CITY-ST-ZIP	INDIALANTIC, FL 32903
DOCUMENT #	
NAME	PITTEN, FREDERICK
STREET ADDRESS	846 MALIBU LANE
CITY-ST-ZIP	INDIALANTIC, FL 32903
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/08-80077-001 500.00

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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: William Pitten Jr 2/5/08 321-223-4969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE