


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A96000000061 1. Entity Name THE ANITA R. SANDLER FAMILY LIMITED PARTNERSHIP	
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FILED

08 JAN 29 PM 2:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1037 ALBEE FARM ROAD VENICE, FL 34292	Mailing Address 8451 MIDNIGHT PASS RD. SARASOTA, FL 34242
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State	4. FEI Number 65-0634220 Applied For <input type="checkbox"/> Not Applicable
Zip 34292	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

01052008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent HINES, JAMES P ESQUIRE HINES & ASSOCIATES, P.A. 315 S. HYDE PARK AVENUE TAMPA, FL 33606	7. Name and Address of New Registered Agent Name <u>Stephanie Richmond</u> Street Address (P.O. Box Number is Not Acceptable) <u>8451 Midnight Pass Rd</u> City <u>SARASOTA</u> FL <u>34242</u>
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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] DATE 1/7/08

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	RICHMOND, STEPHANY TRUSTEE		
	1037 ALBEE FARM ROAD		
	VENICE, FL 34292		
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800115431728
 01/17/08--01042--020 **500.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

941 317 2215
X312