

2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # A96000000225

1. Entity Name

**SARAH E. MIDDLEBROOKS FAMILY LIMITED
PARTNERSHIP**



Principal Place of Business

**120 W 7TH AVE
WINDERMERE FL 34786**

Mailing Address

**P.O. BOX 732
WINDERMERE FL 34786**



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

4. FEI Number
59-3356548

Applied For

Not Applicable

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

1st MOORE

CR2E003 (10/07)

6. Name and Address of Current Registered Agent

**MIDDLEBROOKS, SARAH E
120 W 7TH AVENUE
WINDERMERE FL 34786**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 date if applicable.

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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

**MIDDLEBROOKS, SARAH E
120 W 7TH AVE
WINDERMERE FL 34786**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

**000000819825
02/18/08-80008-002 500.00**

DOCUMENT #
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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

SARAH E. MIDDLEBROOKS

SIGNATURE: *Sarah E. Middlebrooks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE