

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000000258**

1. Entity Name  
**SULTENFUSS LTD., FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**29 DAVIS BLVD., SUITE A  
TAMPA, FL 33606**

Mailing Address  
**29 DAVIS BLVD., SUITE A  
TAMPA, FL 33606**



02012008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3361547**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SULTENFUSS PROPERTIES, INC.  
29 DAVIS BLVD., SUITE A  
TAMPA, FL 33606**

**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

**SULTENFUSS, VINCENT J SR**

STREET ADDRESS

**29 DAVIS BLVD., SUITE A**

CITY-ST-ZIP

**TAMPA, FL 33606**

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CITY-ST-ZIP

000000823452  
02/20/08-80040-008 500.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**✓ 2-8-08**

Date

**813-251-4699X2**

Daytime Phone #

*Marion Hamilton*  
**Marion Hamilton**

STAPLE CHECK HERE