

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

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A96000000333 1. Entity Name PEPIN FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 140 HAMMOCKS COURT WEST PALM BEACH FL 33413	Mailing Address 140 HAMMOCKS COURT WEST PALM BEACH FL 33413
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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

1st MOORE CR2E003 (10/07)

4. FEI Number 65-0642586	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEPIN, CAROL M 140 HAMMOCKS COURT WEST PALM BEACH FL 33413	
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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 needed or printed name of registered agent and fee if applicable

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	PEPIN, GEORGE E	CITY-ST-ZIP	000000738641
CITY-ST-ZIP	140 HAMMOCKS COURT WEST PALM BEACH FL 33413		01/30/08-80036-009 500.00
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	PEPIN, CAROL M	CITY-ST-ZIP	
CITY-ST-ZIP	140 HAMMOCKS COURT WEST PALM BEACH FL 33413		
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STREET ADDRESS		CITY-ST-ZIP	
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.

SIGNATURE: *Carol M Pepin* *Carol M Pepin* Jan 23, 2008 561-434-4954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE