## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A9600000397

Entity Name: THE COLBERT FAMILY PARTNERSHIP, LTD.

FILED Feb 05, 2008 Secretary of State

Current Pr	incipal Place o	of Business:	New Principal	New Principal Place of Business:	
920 E. DEL CLEWISTC	MONTE, CONI DN, FL 33440	OO 929			
Current Mailing Address:			New Mailing Address:		
920 E. DEL MONTE, CONDO 929 CLEWISTON, FL 33440					
FEI Number: 65-0647866 FEI Number		FEI Number Applied For ( )	FEI Number Not Applicable	e ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
920 EAST [	IARY ANN C DEL MONTE DN, FL 33440	US			
The above in the State		bmits this statement for the p	urpose of changing its req	gistered office or registered agent, or both	
SIGNATUR	!E:				
	Electronic	Signature of Registered Age	nt	Date	
GENERAL PARTNER INFORMATION:			ADDRESS CHANGES ONLY:		
Document #:					
Name:	COLBERT, MARY				
Address:	1705 SOUTH WA		Address:		
City-St-Zip:	PAUL'S VALLEY,	OK 73075	City-St-Zip:		
Document #: Name:	BOZADTH CVNT	HIA C TRUSTEE			
Address:	BOZARTH, CYNTHIA C TRUSTEE 6529 CAHOBA DRIVE		Address:	Address:	
City-St-Zip:	FORT WORTH, TX 76135			City-St-Zip:	
Document #:	TORT WORTH, I	X 70100	ony of zip.		
Name:	MARTIN, MARY A	NN C TRUSTEE			
Address:	920 E. DEL MONTE, CONDO 929		Address:	Address:	
City-St-Zip:	CLEWISTON, FL		City-St-Zip:		
Document #:					
Name:	COLBERT, MARY				
Address:	1705 SOUTH WALNUT		Address:		
City-St-Zip: Document #:	PAUL'S VALLEY,	OK 73075	City-St-Zip:		
Name:	BOZARTH, CYNTHIA C				
Address:	6529 CAHOBA DRIVE		Address:		
City-St-Zip: Document #:	FORT WORTH, T.		City-St-Zip:		
Name:	MARTIN, MARY A	NN C			
Address:	511 DEL MONTE		Address: 920	DEL MONTE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip: CLEWISTON, FL 33440

SIGNATURE: MARY ANN C. MARTIN TRUS 02/05/2008

City-St-Zip: CLEWISTON, FL 33440