

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

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A96000000615**

1. Entity Name  
**BAILES FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**6424 PINE CASTLE BLVD., STE. A**  
**ORLANDO, FL 32809**

Mailing Address  
**6424 PINE CASTLE BLVD., STE. A**  
**ORLANDO, FL 32809**



01182008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3404042**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BAILES, CHARLES E JR.**  
**6424 PINE CASTLE BLVD., STE. A**  
**ORLANDO, FL 32809**

**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  
STREET ADDRESS  
CITY - ST - ZIP  
**BAILES, CHARLES J JR.**  
**6424 PINE CASTLE BLVD., STE. A**  
**ORLANDO, FL 32809**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**BAILES, JACQUELINE H**  
**6424 PINE CASTLE BLVD., STE. A**  
**ORLANDO, FL 32809**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
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CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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04/08/08-80077-003 500.00

**DO NOT WRITE**  
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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:**

*Charles E Bailes Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*3/19/18*  
Date

*407 816-0100*  
Daytime Phone #