2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A96000000865

1. Entity Name

JACK F. WAYBRANT FAMILY LIMITED PARTNERSHIP



FILED Feb 29, 2008 08:00 Al Secretary of State

Principal Place of Business

814 EAST KELLER COURT HERNANDO, FL 34442 Mailing Address

814 EAST KELLER COURT HERNANDO, FL 34442



DO NOT WRITE IN THIS SPACE

02222008 No Chg-LP

CR2E003 (12/06)

4. FE! Number 59-3378551

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAYBRANT, BETTY J 814 EAST KELLER COURT HERNANDO, FL 34442

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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31	Signature, typed or printed name of registered agent and title if applicable.	DATE
C)	GNATURE	03/12/08-80023-003 500.00
	the obligations of registered agent.	U00000844114
8.	The above named entity submits this statement for the purpose of changing its registered office of	or registered agent, or both, in the State of Fiorida. I am familiar with, and accept

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.

Į	NOTE: General Partners MAY NOT be changed on the	
12. GENERAL PARTNER INFORMATION		GENERAL PARTNER INFORMATION
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WAYBRANT, BETTY J 814 EAST KELLER COURT HERNANDO, FL 34442
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	WAYBRANT, STEVEN L TRUSTEE 814 EAST KELLER COURT HERNANDO, FL 34442
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	WAYBRANT, GARY L TRUSTEE 814 EAST KELLER COURT HERNANDO, FL 34442
	DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP	
	DOCUMENT # NAME STREET ADDRESS	

DO NOT WRITE
IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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: SILTING A WOUNTAINT SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENER

2/25/08

Daytime Phone #