

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 26, 2008 08:00 A
Secretary of State

DOCUMENT # A96000001051

1. Entity Name
SLOAN FAMILY PARTNERSHIP, LTD.



Principal Place of Business:

**350 SE 69TH PLACE
OCALA, FL 31480**

Mailing Address:

**350 SE 69TH PLACE
OCALA, FL 31480**



03212008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3407692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SLOAN, JAMES L
350 SE 69TH PLACE
OCALA, FL 34480**

**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

James L. Sloan

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	SLOAN, JAMES D
STREET ADDRESS	455 8TH AVENUE
CITY-ST-ZIP	LABELLE, FL 33935
DOCUMENT #	
NAME	HOMAN, LYNNE
STREET ADDRESS	1515 INDIANA AVENUE
CITY-ST-ZIP	PALM HARBOR, FL 34683
DOCUMENT #	
NAME	HIGEL, LEE ANNE
STREET ADDRESS	5210 RIVER PARK VILLAS DRIVE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000870805
04/09/08-80105-022 500.00

**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:

James L. Sloan **JAMES L. SLOAN**

Date

Daytime Phone

352 369 3501

STAPLE CHECK HERE