

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

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # A96000001146

1. Entity Name  
THE WENTZEL FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
4963 SABAL LAKE CIR.  
SARASOTA, FL 34238

Mailing Address  
4963 SABAL LAKE CIR.  
SARASOTA, FL 34238



02042008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
65-0677268

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

WENTZEL, EDWIN JR.  
4963 SABAL LAKE CIR.  
SARASOTA, FL 34238

**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**

U00000840651  
03/06/08-80056-011 500.00

**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 EDWIN WENTZEL, JR., TRUSTEE  
STREET ADDRESS 4963 SABAL LAKE CIR.  
CITY-ST-ZIP SARASOTA, FL 34238

DOCUMENT #  
NAME RITA WENTZEL, TRUSTEE  
STREET ADDRESS 4963 SABAL LAKE CIR.  
CITY-ST-ZIP SARASOTA, FL 34238

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: Rita Wentzel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/19/08 941-349-1919  
Date Daytime Phone #

STAPLE CHECK HERE