

2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # A96000001208

1. Entity Name

LEONARD FARMS LIMITED



Principal Place of Business

P.O. BOX 368
BLOUNTSTOWN FL 32424

Mailing Address

P.O. BOX 368
BLOUNTSTOWN FL 32424



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E003 (10/07)

4. FEI Number

59-3404699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEONARD, BURKE H
1701 SOUTH PEAR STREET
BLOUNTSTOWN FL 32424

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 date of application

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
LEONARD, BURKE H
1701 SOUTH PEAR STREET
BLOUNTSTOWN FL 32424

STREET ADDRESS

CITY-ST-ZIP

U00000898080
04/25/08-80075-004 500.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
LEONARD, JOSEPH H
1526 S. MAIN, BOX 595
BLOUNTSTOWN FL 32424

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
LEONARD, MICHAEL W
ROUTE 1, BOX 188
BLOUNTSTOWN FL 32424

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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:

BH Leonard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-12-08

Date

Daytime Phone

STAPLE CHECK HERE