

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

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A96000001490



1. Entity Name

COUNCIL LIMITED PARTNERSHIP

Principal Place of Business

**5767 LAFRANCE ROAD
TALLAHASSEE FL 32305**

Mailing Address

**5767 LAFRANCE ROAD
TALLAHASSEE FL 32305**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E003 (10/07)

City & State

City & State

4. FEI Number

59-3398958

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**COUNCIL, EDMOND C SR.
5767 LAFRANCE ROAD
TALLAHASSEE FL 32305**

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**COUNCIL, EDMOND C SR.
5767 LAFRANCE ROAD
TALLAHASSEE FL 32305**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**COUNCIL, WINNIE P
5767 LAFRANCE ROAD
TALLAHASSEE FL 32305**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

000000794436
01/28/08 89907-024 500.00

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:

Winnie P. Council

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAN 23 2008

850/877-3487

Date

Printing Phone #

STAPLE CHECK HERE