


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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 11 PM 4:38

DOCUMENT # A96000001956	
1. Entity Name S.D. AND IDA AVERETT FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 1758 CLAREDON AVENUE LAKELAND FL 33803	Mailing Address 1758 CLAREDON AVENUE LAKELAND FL 33803
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2. Principal Place of Business - No P.O. Box # 1107 Rolling Woods Ln	3. Mailing Address 1107 Rolling Woods Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E003 (10/07)

City & State Lakeland, FL	City & State Lakeland, FL
Zip 33813	Zip 33813
Country Polk	Country Polk

4. FEI Number 59-3410392	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LANGSTON, SCOTT H 117 SOUTH FLORIDA AVENUE LAKELAND FL 33801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <i>Ida Averett</i> Signature, typed or printed name of registered agent and title if applicable.	DATE
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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 AVERETT, SANFORD D JR 1758 CLAREDON AVENUE LAKELAND FL 33803	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP AVERETT, IDA M 1758 CLAREDON AVENUE LAKELAND FL 33803	STREET ADDRESS CITY-ST-ZIP 300120718483 03/19/08--01015--008 **500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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Paid 2-11-08 # 169.4 500.00

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: <i>Ida M Averett</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	2-11-08 Date	Daytime Phone #
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STAPLE CHECK HERE