

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:55

DOCUMENT # A96000001994

1. Entity Name
HUFFSTETLER FAMILY PARTNERSHIP, LLLP



Principal Place of Business
**429 EAST MAGNOLIA AVENUE
EUSTIS, FL 32726**

Mailing Address
**429 EAST MAGNOLIA AVENUE
EUSTIS, FL 32726**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

59-3407488

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

**PAUL, RICHARD A
429 EAST MAGNOLIA AVENUE
EUSTIS, FL 32726**

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 title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**100128353431
05/05/08--01003--023 **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
STREET ADDRESS
CITY-ST-ZIP
**HUFFSTETLER, LESLIE R., JR., TRUSTEE
10555 RAIN FOREST ROAD
BROOKSVILLE, FL 34601**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**PAUL, RICHARD A TRUSTEE
429 EAST MAGNOLIA AVENUE
EUSTIS, FL 32726**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ROU, ANN H TRUSTEE
2000 COUNTRY CLUB DRIVE
EUSTIS, FL 32726**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HUFFSTETLER, MYRA TRUSTEE
421 SOUTH CENTER STREET
EUSTIS, FL 32726**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HUFFSTETLER, LESLIE R JR.
10555 RAIN FOREST ROAD
BROOKSVILLE, FL 34601**

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Ann H. Rou **Ann H. ROUTTEE** 4/7/08 352 883-2880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE