

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 11:45

DOCUMENT # A96000002008

1. Entity Name
THE HARRIS FAMILY LIMITED PARTNERSHIP



Principal Place of Business
268 VENTURA CIRCLE
FORT WALTON BEACH, FL 32548

Mailing Address
P.O. BOX 2883
FT WALTON BEACH, FL 32549

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

3. Mailing Address
268 VENTURA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FORT WALTON BEACH, FL.

Zip

Country

Zip
32548

Country

01302008

Chg-LP

CR2E003 (12/06)

4. FEI Number
59-3408057

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

HARRIS, CYRUS W SR
P.O. BOX 2883 32549
FORT WALTON BEACH, FL 32548

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

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 **HARRIS, CYRUS W SR**
 STREET ADDRESS **268 VENTURA CIRCLE**
 CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
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 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200123070452
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-8-08

STAPLE CHECK HERE