


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # A96000002158	
1. Entity Name SANSING FAMILY PARTNERSHIP, LTD.	

Principal Place of Business 4875 MANOLETE ST. PENSACOLA, FL 32504	Mailing Address 4875 MANOLETE ST. PENSACOLA, FL 32504
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	01292008	Chg-LP	CR2E003 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For	
City & State	City & State	59-3418211	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANSING, ROBERT C
 4875 MANOLETE ST.
 PENSACOLA, FL 32504

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	SANSING, ROBERT C
STREET ADDRESS	4875 MANOLETE ST.
CITY-ST-ZIP	PENSACOLA, FL 32504
DOCUMENT #	
NAME	SANSING, PEGGY L
STREET ADDRESS	4875 MANOLETE ST.
CITY-ST-ZIP	PENSACOLA, FL 32504
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	0000000230134
CITY-ST-ZIP	02/26/08 80071-013 500.00
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: *Robert C. Sansing* Robert C. Sansing ✓ 2-7-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE USE ONLY HERE