2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED Apr 07, 2008 08:00 Al Secretary of State

Due By May 1, 2008				Apr 0/, 2008 08:	
DOCUMENT # A96000002166*					Secretary of St
1. Entity Name H & G CRAMER FAMILY PARTNERSHIP, LTD.					
Principal Place	ce of Business	Mailing Address		1	
3155 HYDE PENSACOLA	PARK PLACE , FL 32503	3155 HYDE PARK PLACE PENSACOLA, FL 32503		4 1801811 1878 (8118 8111) 88117 88111	
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	AANIAT WEITE	INITHIC COA		04042008 No Chg-LP	CR2E003 (12/06)
DO NOT WRITE IN THIS SPACE			ive .	4. FEI Number 59-3411859	Applied For Not Applicable
	•			5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		<u> </u>	
CRAMER, GAYLE H				DO NOT V	VRITE
3155 HYDE PARK PLACE PENSACOLA, FL 32503				IN THIS S	
				IIV THIS Q	FASE
8. The above	e named entity submits this statement fo	or the purpose of changing its registe	ered office or register	red agent, or both, in the State of	Florida. I am familiar with, and accept
	ations of registered agent.	4 Mg Farbass at a transmit as 1			, ,
SIGNATURE					DATE
		WIII FEE IS \$500.00			
•		2008, Fee will be \$900.00 THAT IS A BUSINESS ENTITY N	MUST BE REGIST	 	THIS OFFICE.
42		AY NOT be changed on the form			
12.	GENERAL PARTNER	1 INFOHMATION			
NAME STREET ADDRESS	CRAMER, HARRY R JR. 3155 HYDE PARK PLACE				
CITY-ST-ZIP	PENSACOLA, FL 32503				
DOCUMENT # NAME	CRAMER, GAYLE H	!		04/18/0 04/18/0	00565112 18-80041-011 500:00
STREET ADDRESS CITY+ST-ZIP	· ·				
DOCUMENT #	PENDAGOLA, PL 32303				
NAME STREET ADDRESS		Ç.		DO NOT W	PITE .
CITY-\$1-ZIP			,	2 - 4 M	,那体的心态, 那是 "我们",然后没有一个一个一个人。
DOCUMENT # NAME			•	in this st	ACE:
STREET ADDRESS		,	•		
CITY-ST-ZIP	<u> </u>				
NAME		·			
STREET ADDRESS CITY-ST-ZIP		•			
DOCUMENT #					
NAME STREET ADDRESS	, ,				

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:

CHY-ST-ZIP

STAPLE CHECK HERE

BUNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/5/2008

850-435-2546