


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A96000002258 1. Entity Name CREWS FAMILY LIMITED PARTNERSHIP	
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FILED
 08 JAN 29 PM 2:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 6 MOUNTAIN LAKE RD LAKE WALES, FL 33853	Mailing Address PO BOX 832-MOUNTAIN LAKE LAKE WALES, FL 33859-0832
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01072008 Chg-LP CR2E003 (12/06)

City & State	City & State	4. FEI Number 59-3415114	Applied For Not Applicable
Zip	Country	Zip	Country

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	
MYERS, CORNEAL B 130 E. CENTRAL AVENUE LAKE WALES, FL 33853	

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 _____
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	600116634856
NAME	CREWS-LINTON, JAYNE S	CITY-ST-ZIP	02/01/08--01004--020 **500.00
STREET ADDRESS	6 MOUNTAIN LAKE RD		
CITY-ST-ZIP	LAKE WALES, FL 33859		
DOCUMENT #	NAME	STREET ADDRESS	1631 Barcelona Way
NAME	CREWS, SCOTT CHANDLER	CITY-ST-ZIP	Winter Park, FL 32789
STREET ADDRESS	121 ROSEBARDEN DR		
CITY-ST-ZIP	ORLANDO, FL 32803		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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>Jayne Crews Linton</i> Jayne Crews-Linton	1-7-08	863-676-8337
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>