

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002328</b>	
1. Entity Name <b>SUBEMA, LTD.</b>	
Principal Place of Business <b>837 LAKE RIDGE DRIVE TALLAHASSEE, FL 32312</b>	Mailing Address <b>P.O. BOX 2235 TALLAHASSEE, FL 32316</b>



**DO NOT WRITE IN THIS SPACE**

04282008 No Chg-LP

CR2E003 (12/06)

4. FEI Number <b>59-3418684</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**LANGFORD, MARIAN L  
837 LAKE RIDGE DRIVE  
TALLAHASSEE, FL 32312**

**DO NOT WRITE  
IN THIS SPACE**

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**

000000946352  
05/30/08-80043-010 500.00

**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
	<b>GRAVES, ELIZABETH T</b>	<b>4216 CHIPPAWA DRIVE</b>	<b>JACKSONVILLE, FL 32210</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>LANGFORD, MARIAN L</b>	<b>837 LAKE RIDGE DRIVE</b>	<b>TALLAHASSEE, FL 32312</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>BUTZ, SUSAN L</b>	<b>2136 NW 28TH ST.</b>	<b>GAINESVILLE, FL 32605</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Marian L. Langford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-28-08**

Date

**850-576-3171**

Daytime Phone #

STAPLE CHECK HERE