### 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2908

#### **DOCUMENT # A96000002341**

1. Entity Name

THE STOTTLEMYER FAMILY LIMITED PARTNERSHIP



FILED Apr 09, 2008 08:00 Al Secretary of State

Principal Place of Business

1249 STRINGFIELD AVENUE SARASOTA, FL 34237

Mailing Address

1249 STRINGFIELD AVENUE SARASOTA, FL 34237



04032008 No Chg-LP

CR2E003 (12/06)

4. FEI Number		Applied For
	<u> </u>	
65-0720816		Not Applicable
5. Certificate of Status Desired	\$8.75 Fee Rec	Additional uired

### DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCGINNESS, W. LEE 1800 SECOND STREET SUITE 971 SARASOTA, FL 34236

## DO NOT WRITE IN THIS SPACE

<ol> <li>the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent.</li> </ol>	n, in the State of Florida. I am tamiliar with, and accept
SIGNATURE ————————————————————————————————————	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 A	CTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

GENERAL PARTNER INFORMATION

12. P96000099696 DOCUMENT # VOLUNTEER OF SARASOTA, INC. NAME STREET ADDRESS 1249 STRINGFIELD AVENUE CITY-ST-ZIP SARASOTA, FL 34237 DOCUMENT # NAME STREET ADDRESS CITY-\$1-2IP DOCUMENT A NAME STREET ADDRESS CITY-S1-71P DOCUMENT A NAME STREET ADDRESS CITY-S1-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP

U00000889405 04/22/08-80053-021 500.00

# 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:

CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-SENERAL PARTNE

4-7-08

941-955-8343

Daytime Pi