


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 17 AM 11:37

DOCUMENT # A96000002435		
1. Entity Name SARA SMITH FAMILY PARTNERSHIP, LTD.		

Principal Place of Business 6805 GREENFERN LANE JACKSONVILLE, FL 32277	Mailing Address 349 FLEMING FOREST LANE ORANGE PARK, FL 32073-8218
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. BOX 8177	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FLEMING ISLAND, FL	
Zip	Country	Zip 32006	Country USA



03142008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3415781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRAMM, JOANN LEIGH 12276 SAN JOSE BLVD., SUITE 126 JACKSONVILLE, FL 32223-3630		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000101689 SMITH PARTNERS, INC. 6805 GREENFERN LN. JACKSONVILLE, FL 32277	STREET ADDRESS CITY-ST-ZIP	200123844812 04/17/08--01006--005 **500.00
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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: Sara L. Smith SARA L. SMITH (904)269-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #