


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

**FILED**  
**May 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002468</b> 1. Entity Name <b>JOHN P. ADAMS AND ANN D. ADAMS FAMILY LIMITED PARTNERSHIP</b>	
--	---

Principal Place of Business <b>2500 DUNDEE RD. WINTER HAVEN, FL 33884</b>	Mailing Address <b>P. O. BOX 1667 WINTER HAVEN, FL 33882</b>
--	---



03052008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3426763</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ **U000000951490**  
Signature, typed or printed name of registered agent and title if applicable. **06/04/08-80035-006 550.00**  
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 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>ADAMS, JOHN P 2500 DUNDEE RD WINTER HAVEN, FL 33884</b>
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	<b>ADAMS, ANN D 2500 DUNDEE RD. WINTER HAVEN, FL 33884</b>
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	
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:**  **May 6, 2008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #