

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

**FILED**  
**Mar 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000002486**

1. Entity Name  
**BAXTER FAMILY PARTNERSHIP, LTD.**



Principal Place of Business  
**7937 PINE LAKE ROAD  
JACKSONVILLE, FL 32256**

Mailing Address  
**C/O 2603 SHADES CLIFF CIRCLE  
JASPER, AL 35504**



02162008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3421847**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BRANT, ABRAHAM, REITER & MCCORMICK PA  
50 NORTH LAURA STREET, SUITE 3100  
JACKSONVILLE, FL 32202**

**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**

**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 # **P96000102945**  
NAME **BAXTER ENTERPRISES OF NORTH FLORIDA, INC.**  
STREET ADDRESS **2603 SHADES CLIFF CIRCLE**  
CITY-ST-ZIP **JASPER, AL 35504**

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11000000847015  
03/19/08-80001-022 500.00

**DO NOT WRITE  
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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:**

**LIONEL F. BAXTER JR.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**02-28-08**  
Date

**205-387-9335**  
Daytime Phone #

STAPLE CHECK HERE