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

FILED Feb 11, 2008 08:00 All Secretary of State

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1. Entity Name WARD PROPERTIES, LLLP



Principal Place of Business **804 SIXTEENTH STREET** PORT ST JOE, FL 32456

Mailing Address **BRENDA WARD** P. O. BOX 232

PORT ST. JOE, FL 32457



## DO NOT WRITE IN THIS SPACE

01162008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3414215

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, BRENDA LEE 301 PLEASANT REST RD WEWAHITCHKA, FL 32465

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<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>	in the State of Florida. I am familiar with, and accept					
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 # NAME REED, MONICA B STREET ADDRESS 16 MIMOSA STREET CITY-\$1-ZIP FT WALTON BEACH, FL 32548 DOCUMENT # NAME WARD, BRENDA LEE STREET ADDRESS 301 PLEASANT REST ROAD CITY-ST-ZIP WEWAHITCHKA, FL 32465 DOCUMENT # NAME

000000825139 02/20/08-80107-009 500.00

## DO NOT WRITE IN THIS SPACE

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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: