


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

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| DOCUMENT # A97000000114 1. Entity Name C & L FAMILY LIMITED PARTNERSHIP |  |
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|--|--|
| Principal Place of Business % JOYCE ALEXANDER 17 FOREST RD. MADISON NJ 07940 | Mailing Address % JOYCE ALEXANDER 17 FOREST RD. MADISON NJ 07940 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|---|---|

FILED

2008 APR 15 P 3:25

SERIALIZED
TALLAHASSEE

1st MOORE CR2E003 (10/07)

| | |
|---|--|
| 4. FEI Number 65-0717690 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|---|
| 6. Name and Address of Current Registered Agent GRIFFIN, LINDA S 1455 COURT STREET CLEARWATER FL 34616 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

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 date if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 NEWFIELD, CHARLES C JR. 19 ORINCO PORT ST. LUCIE FL 34952 | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP NEWFIELD, LOIS E 19 ORINCO PORT ST. LUCIE FL 34985 | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP |
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| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | 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: Lois E. Newfield 4-10-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE