2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000000367

1. Entity Name
PHILLIPS FAMILY PARTNERSHIP, LLLP

Principal Place of Business	Mailing Address
2160 US HWY 27/441 FRUITLAND PARK, FL 34731	2160 US HWY 27/441 FRUITLAND PARK, FL 34731

DO NOT WRITE IN THIS SPACE

03222008 No Chg-LP CR2E003 (12/06)

4. FEI Number
59-3430572
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, LARRY M
2160 US HWY 27/441
FRUITLAND PARK, FL 34731

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: U00000875759 04/11/08-80046-008 500.00
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	PHILLIPS, LARRY M TRUSTEE
STREET ADDRESS	2160 US 27/441
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
DOCUMENT #	P97000013438
NAME	L.M. PHILLIPS CORPORATION
STREET ADDRESS	2160 US 27/441
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [signature] 3/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #