


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A97000000381											
1. Entity Name SHELLEN AND MYRNA TAXER FAMILY LIMITED PARTNERSHIP											
Principal Place of Business 7722 SLOANE GARDENS UNIVERSITY PARK, FL 34201			Mailing Address 7722 SLOANE GARDENS UNIVERSITY PARK, FL 34201								
2. Principal Place of Business - No P.O. Box # 16502 CLEARLAKE AVE		3. Mailing Address 16502 CLEARLAKE AVE									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State LAKEWOOD RANCH, FL		City & State LAKEWOOD RANCH, FL		4. FEI Number 65-0766871							
Zip 34202		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent TAXER, SHELLEN 7722 SLOANE GARDENS UNIVERSITY PARK, FL 34201		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 16502 CLEARLAKE AVE</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City LAKEWOOD RANCH FL Zip Code 34202</td> </tr> </table>				Name		Street Address (P.O. Box Number is Not Acceptable) 16502 CLEARLAKE AVE		City LAKEWOOD RANCH FL Zip Code 34202	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>											
FILE NOW!!! FEE IS \$500.00 NOTICE NOT After May 1, 2008, Fee will be \$900.00 RECEIVED											
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	16502 CLEARLAKE AVE							
STREET ADDRESS	7722 SLOANE GARDENS		CITY-ST-ZIP	LAKEWOOD RANCH, FL 34202							
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DOCUMENT #	NAME		STREET ADDRESS								
STREET ADDRESS			CITY-ST-ZIP	400133090894							
CITY-ST-ZIP			07/17/08--01036--018 **500.00								
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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: <i>Myrna Taxer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			7/16/08 Date		941-896-6868 Daytime Phone #						

FILED

08 JUL 18 PM 2:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



03192008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0766871 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAXER, SHELLEN
 7722 SLOANE GARDENS
 UNIVERSITY PARK, FL 34201

Name
 Street Address (P.O. Box Number is Not Acceptable)
 16502 CLEARLAKE AVE
 City
 LAKEWOOD RANCH FL Zip Code
 34202

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SIGNATURE: *Myrna Taxer* 7/16/08 941-896-6868
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #