


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

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000000422	
1. Entity Name THE WUISMAN FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 1805 OAK DRIVE ROCKLEDGE FL 32955	Mailing Address 1805 OAK DRIVE ROCKLEDGE FL 32955
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E003 (10/07)

City & State	City & State	4. FEI Number 59-1904264	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WUISMAN, MARTIN 1805 OAK DRIVE ROCKLEDGE FL 32955	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 _____

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	
STREET ADDRESS	WUISMAN, MARTIN		U000000947435
CITY-ST-ZIP	1805 OAK DRIVE	CITY-ST-ZIP	06/02/08-80013-013 500.00
	ROCKLEDGE FL 32955		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	WUISMAN, MAAIKE		
CITY-ST-ZIP	1805 OAK DRIVE	CITY-ST-ZIP	
	ROCKLEDGE FL 32955		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP		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: *Martin Wuisman* **MARTIN WUISMAN** 4-28-08 321-6380049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Telephone

STAPLE CHECK HERE