


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 22 PM 3: 50

DOCUMENT # A97000000487		
1. Entity Name THE JENKINS FAMILY LIMITED PARTNERSHIP		

Principal Place of Business C/O ADRIAN C.F. JENKINS 12814 HARBORWOOD DRIVE LARGO, FL 33774	Mailing Address C/O ADRIAN C.F. JENKINS 12814 HARBORWOOD DRIVE LARGO, FL 33774
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2. Principal Place of Business - No P.O. Box # C/O ADRIAN C.F. JENKINS		3. Mailing Address C/O ADRIAN C.F. JENKINS	
Suite, Apt. #, etc. 620 BAYWAY BLVD, UNIT#4		Suite, Apt. #, etc. 620 BAYWAY BLVD, UNIT#4	
City & State CLEARWATER BEACH FL 33767		City & State CLEARWATER BEACH FL 33767	
Zip 33767	Country FLORIDA	Zip 33767	Country FLORIDA



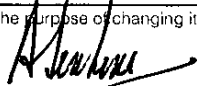
04122008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3428651	Applied For Not Applicable
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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 WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316	
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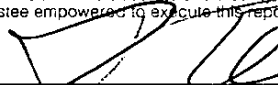
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 04/28/08

<p>FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00</p>	
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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 #	JENKINS, ADRIAN C.F.	STREET ADDRESS	620 BAYWAY BLVD. UNIT#4
NAME	12814 HARBORWOOD DRIVE	CITY - ST - ZIP	CLEARWATER BEACH, FL 33774
STREET ADDRESS	LARGO, FL 33774		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		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: 	DATE 05/22/08--01024--013 **500.00

STAPLE CHECK HERE