## **2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008**

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A97000000584 08 MAY - 1 AM 11:50 PATTON-PITOCCHELLI FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 4224 MORENA LANE **4224 MORENA LANE** JACKSONVILLE, FL 32207 Orange Parker JACKSONVILLE, FL 32207 32067-0958 02262008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3436126 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATTON, MARY C DO NOT WRITE 4224 MORENA LANE JACKSONVILLE:-FL-32207 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. 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 PATTON, MARY CARR TRUSTEE 4224 MORENA LANE P.O. BOX 954 STREET ADDRESS 100128310521 05/02/08--01006--029 \*\*500.00 CITY-ST-ZIP 32207 Orange Park F1 3201 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP NAME

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:

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME\_ STREET ADDRESS CITY- 3-ZIP