


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

**FILED
Mar 17, 2008 08:00 A
Secretary of State**

DOCUMENT # A9700000684 1. Entity Name THE GADSDEN FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 14 SANDY POINTE LAKESIDE VILLAGE LAKE PLACID FL 33852	Mailing Address 14 SANDY POINTE LAKESIDE VILLAGE LAKE PLACID FL 33852
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 65-0805433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GADSDEN MANAGEMENT, INC. 14 SANDY POINTE LAKESIDE VILLAGE LAKE PLACID FL 33852	
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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 _____
Signature, typed or printed name of registered agent and date if applicable

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000019916 GADSDEN MANAGEMENT, INC. 14 SANDY POINTE, LAKESIDE VILLAGE LAKE PLACID FL 33852
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	GADSDEN, CAROL C 14 SANDY POINTE, LAKESIDE VILLAGE LAKE PLACID FL 33852
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	000000952426
CITY - ST - ZIP	04/03/08-80049-021 500.00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: Carol C. Gadsden Carol C. Gadsden March 13, 2008 465-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Distinguishing Phone #

STAPLE CHECK HERE