


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

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000696</b> 1. Entity Name <b>SUPER COOL LEASING, LTD.</b>	
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Principal Place of Business <b>5645 COLONIAL OAKS BLVD. SARASOTA, FL 34232</b>	Mailing Address <b>4411 BEE RIDGE RD. #307 SARASOTA, FL 34233</b>
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**DO NOT WRITE IN THIS SPACE**



02062008 No Chg-LP

CR2E003 (12/06)

4. FEI Number <b>65-0733240</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>JEANS, TRUMAN E 5645 COLONIAL OAKS BLVD. SARASOTA, FL 34232</b>
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**DO NOT WRITE 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 STREET ADDRESS CITY-ST-ZIP	<b>THOMAS, GAYE 213 STILLCREEK DRIVE FRANKLIN, TN 37064</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>JEANS, TRUMAN E 5645 COLONIAL OAKS BLVD. SARASOTA, FL 34232</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>JEANS, AMY L 5645 COLONIAL OAKS BLVD. SARASOTA, FL 34232</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

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02/21/08-80077-025 500.00

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: *Gaye Thomas* 2-6-08 615-595-2480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Check # 1076

STAPLE CHECK HERE