2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A97000000809

1. Entity Name

THE JOHN FOSTER AND ELIZABETH G. MARTIN FAMILY LIMITED PARTNERSHIP



FILED Mar 13, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

109 CEDAR POINT LANE LONGWOOD, FL 32779

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03032008 No Chg-LP

CR2E003 (12/06)

4. FEI Number		Applied For
59-3446032		Not Applicable
5. Certificate of Status Desired	□ \$8.	75 Additional

DO NOT WRITE IN THIS SPACE

	33-3440032 INOLAPPIICADIE					
•	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						
MARTIN, SHERI E 109 CEDAR POINT LANE LONGWOOD, FL 32779	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, typed or printed name of registered agent and title if applicable	DATE					
FILE NOWIII FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	U00000857908					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE NOTE: General Partners MAY NOT be changed on the form; an am						
DOCUMENT # NAME STREET ADDRESS CITY-St-ZIP DOCUMENT # NAME STREET ADDRESS	DO NOT WRITE IN THIS SPACE					

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:	Elizabeth S. Martin	Elizabeth	G. Martin	3/11/08	407-869-9129
SHEATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			•	Date	Daylime Phone #