

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 22 AM 10:39

**DOCUMENT # A97000000820**

1. Entity Name  
 WHETSTONE APARTMENTS, LTD.



Principal Place of Business  
 8400 - 49TH STREET NORTH  
 PINELLAS PARK, FL 33781

Mailing Address  
 8400 - 49TH STREET NORTH  
 PINELLAS PARK, FL 33781

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01172008 Chg-LP CR2E003 (12/06)

4. FEI Number  
 59-2288966

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUPPEL, DENNIS G  
 5201 - 102ND AVENUE  
 PINELLAS PARK, FL 33782

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 911 CHESTNUT STREET  
 City CLEARWATER FL Zip Code 33756

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 *A.A. Ruppel* DATE 4-14-08

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000030338	STREET ADDRESS	
NAME	PINELLAS WHETSTONE, INC.	CITY-ST-ZIP	
STREET ADDRESS	8400 - 49TH STREET		
CITY-ST-ZIP	PINELLAS PARK, FL 33781		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	700125030777
NAME		CITY-ST-ZIP	04/22/08--01016--009 **\$500.00
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DOCUMENT #		STREET ADDRESS	
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: *A.A. Ruppel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-14-08 7274396222  
 Date Daytime Phone #

STAPLE CHECK HERE