

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

FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # A97000000944 1. Entity Name THE STEBBINS FAMILY LIMITED PARTNERSHIP I	
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Principal Place of Business 3300 SATURN ROAD BROOKSVILLE FL 34604	Mailing Address 3300 SATURN ROAD BROOKSVILLE FL 34604
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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	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 59-3428945	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STEBBINS, EARL E 3300 SATURN ROAD BROOKSVILLE FL 34604

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.

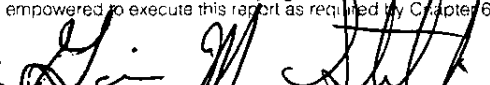
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	STEBBINS, GAVIN MITCHELL		
STREET ADDRESS	22441 POWELL ROAD		
CITY-ST-ZIP	BROOKSVILLE FL 34602	CITY-ST-ZIP	000000864951 04/07/08-80008-005 500.00
DOCUMENT #	NAME	STREET ADDRESS	
NAME	STEBBINS SCHUELER, SHANNON MARGRI		
STREET ADDRESS	19415 KING JAMES PARKWAY	CITY-ST-ZIP	
CITY-ST-ZIP	LEXINGTON PARK MD 20653		
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:  **3/13/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE