

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A97000000958	
1. Entity Name DONOVAN FAMILY LIMITED PARTNERSHIP	
Principal Place of Business 223 EAST GOVERNMENT STREET PENSACOLA, FL 32502	Mailing Address 223 EAST GOVERNMENT STREET PENSACOLA, FL 32502



FILED

08 JAN 29 PM 2:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01072008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3436229	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

DONOVAN, JOHN & DONOVAN, MARTIN J.
**223 EAST GOVERNMENT STREET
PENSACOLA, FL 32502**

**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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

MARTIN J. DONOVAN

1/11/2008
DATE

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 #	P99000030166
NAME	DONOVAN FAMILY MANAGEMENT, INC.
STREET ADDRESS	223 E GOVERNMENT ST
CITY-ST-ZIP	PENSACOLA, FL 32502
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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02/01/08--01004--021 **500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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:

[Signature] **PRES.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/11/2008 **850 432-6104**
Date Daytime Phone #

MARTIN J. DONOVAN, PRES