2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A97000001057

1. Entity Name

BOLLINGER PROPERTIES, LTD.



Principal Place of Business Mailing Address

4401 GULF SHORE BLVD., PH 8 NORTH NAPLES, FL 33940 P.O. BOX 22345 LOUISVILLE, KY 40252-0345 FILED Apr 14, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

03192008 No Chg-LP CF

CR2E003 (12/06)

4. FEI Number 59-3452089

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOLLINGER, PAUL PARKER SR. 4401 GULF SHORE BLVD., PH 8, NORTH NORTH NAPLES, FL 33940 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, typed or printed name of registered agent and title if applicable

00000089812 04/25/08-80075

022 500.00

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	BOLLINGER, PAUL PARKER SR. 4401 GULF SHORE BLVD., PH 8 NORTH NAPLES, FL 34103
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PATRICIA SULLIVAN BOLLINGER 4401 GULF SHORE BLVD., PH 8 NORTH NAPLES, FL 34103
DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

. Partner

4-11-08

(502)425-1300

Daytime Phone