

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

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000001278**

1. Entity Name  
**SILAS R. STONE LLLP**



Principal Place of Business  
**P.O. BOX 232  
PORT ST. JOE, FL 32457**

Mailing Address  
**P.O. BOX 232  
PORT ST. JOE, FL 32457**

**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**59-3462380**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WARD, BRENDA L  
301 PLEASANT REST ROAD  
WEWAHITCHKA, FL 32465**

**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

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STONE, MONICA L  
804 SIXTEENTH STREET  
PORT ST. JOE, FL 32456**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SWATTS, H. HIGDON  
125 MARIE ANN BLVD.  
PANAMA CITY, FL 32401**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WARD, BRENDA LEE  
P.O. BOX 232  
PORT ST. JOE, FL 32457**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000825138  
02/20/08-80107-008 500.00

**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:**

*Brenda L. Ward*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1-17-08**  
Date

**850 648-8668**  
Daytime Phone #

STAPLE CHECK HERE