

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 11 PM 3:57

DOCUMENT # A97000001295

1. Entity Name
COX FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**7015 PROFESSIONAL PKWY E
SARASOTA, FL 34240**

Mailing Address
**7015 PROFESSIONAL PKWY. E.
SARASOTA, FL 34240**

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

03132008

Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0763479

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COX, JOHN J
7015 PROFESSIONAL PKWY. E.
SARASOTA, FL 34240**

Name

COX III, JOHN J

Street Address (P.O. Box Number is Not Acceptable)

7015 PROFESSIONAL PARKWAY EAST

City

SARASOTA

FL

Zip Code

34240

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

500122865685
04/10/08--01016--001 **500.00

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 # **P97000051969**
NAME **BROTHERS THREE OF SARASOTA, INC.**
STREET ADDRESS **7015 PROFESSIONAL PKWY. E.**
CITY-ST-ZIP **SARASOTA, FL 34240**

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE