

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

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000001628 1. Entity Name DEISON FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 3725 BOBBIN MILL ROAD TALLAHASSEE FL 32312	Mailing Address 3725 BOBBIN MILL ROAD TALLAHASSEE FL 32312
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE	CR2E003 (10/07)
4. FEI Number 59-3461443	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEISON, ROBERT R 3500 FINANCIAL PLAZA, SUITE 202 TALLAHASSEE FL 32312	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. * 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 CITY-ST-ZIP	DEISON, ROBERT R 3500 FINANCIAL PLAZA, SUITE 202 TALLAHASSEE FL 32312	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SKELTON, BENSON L JR 3500 FINANCIAL PLAZA, STE 202 TALLAHASSEE FL 32312	STREET ADDRESS CITY-ST-ZIP	U0000008000045 01/31/08-80001-021 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MOORE, EDGAR M 3500 FINANCIAL PLAZA, SUITE 202 TALLAHASSEE FL 32312	STREET ADDRESS CITY-ST-ZIP	
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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:  **1-24-08 850-386-7789**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE