## **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

### Due By May 1, 2008

**DOCUMENT # A97000001786** 1. Entity Name

SUNSHINE FOLIAGE WORLD, LTD.

Principal Place of Business 2060 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890

Mailing Address PO BOX 328

ZOLFO SPRINGS, FL 33890

# **FILED** May 02, 2008 08:00 AN Secretary of State



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04252008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-1817503 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, EDWARD WAYNE 2721 BAILES ROAD ZOLFO SPRINGS, FL 33890

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		,
	named entity submits this statement for the purpose of changing it ions of registered agent.	s registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
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 \$90	0.00
		NTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. the form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	· ·
DOCUMENT #	P97000053058	,
NAME	SUNSHINE FOLIAGE WORLD, INC.	
STREET ADDRESS	2060 STEVE BORERTS SPECIAL	

CITY-ST-ZIP ZOLFO SPRINGS, FL 33890 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # MAGNE STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CHY-SI-ZIP DOCUMENT à NAME STREET ADDRESS CITY-S1-ZIP

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14. I hereby certify that the information supplied v indicated on this report is true and accurate ar or the receiver or trustee empowered to execu th this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership this report as required by Chapter 620. Florida Statutes

**SIGNATURE** 

G GENERAL PARTNER