

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 01, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # A97000001901 |  |
| 1. Entity Name NEAL FAMILY LIMITED PARTNERSHIP | |

| | |
|--|---|
| Principal Place of Business C/O KAREN BYRNES 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 US | Mailing Address C/O KAREN BYRNES 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 |
|--|---|

| | | | |
|--|---------|---------------------|---------|
| 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 |



03062008 Chg-LP CR2E003 (12/06)

| | | |
|---|--|--|
| 4. FEI Number 59-3462806 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent HEIM, PRISCILLA G 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|--|--|

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|--------------------------|--------------------------|--|
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | NEAL, PAUL III | CITY-ST-ZIP | |
| STREET ADDRESS | 41001 HANCOCK DRIVE | | |
| CITY-ST-ZIP | HOMER, AK 99603 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | BENSON, JOHN B III | CITY-ST-ZIP | |
| STREET ADDRESS | 522 9TH STREET W SUITE 2 | | |
| CITY-ST-ZIP | BRADENTON, FL 34205 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | BUSKIRK, EMILY B | CITY-ST-ZIP | |
| STREET ADDRESS | 2413 87TH STREET NW | | |
| CITY-ST-ZIP | BRADENTON, FL 34209 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | L05000033165 | CITY-ST-ZIP | |
| STREET ADDRESS | NFLP INVESTMENTS LLC | | |
| CITY-ST-ZIP | 8210 LAKEWOOD RANCH BLVD | | |
| | BRADENTON, FL 34202 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

U00000942151
05/29/08-80008-015 500.00

STAPLE CHECK HERE

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] *Mgr NFLP Investments*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/29/08