

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000001974 1. Entity Name MARKHAM FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 7900 NOVA DRIVE SUITE 101 DAVIE, FL 33324	Mailing Address 7900 NOVA DRIVE SUITE 101 DAVIE, FL 33324
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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



03292008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0785202	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, JOHN A 7900 NOVA DRIVE SUITE 101 DAVID, FL 33324	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 _____ 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 #	MARKHAM, SHARON R	STREET ADDRESS	
NAME	58 CAYUGA ROAD	CITY- ST- ZIP	
STREET ADDRESS	SEA RANCH LAKES, FL 33308		
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
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 05/05/08-80042-012 500.00

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: Sharon R Markham Sharon R. Markham 4/2/08 (954) 577-6872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #