

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A97000001983**

1. Entity Name  
**ECKERS FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**1200 S.E. NINTH AVENUE  
POMPANO BEACH, FL 33060**

Mailing Address  
**C/O ROBERT S. ECKERS  
1200 S.E. NINTH AVENUE  
POMPANO BEACH, FL 33060**



04092008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0775480**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ECKERS, ROBERT S  
1200 S.E. NINTH AVENUE  
POMPANO BEACH, FL 33060**

**DO NOT WRITE  
IN THIS SPACE**

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**

**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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ECKERS, ROBERT S  
1200 S.E. NINTH AVENUE  
POMPANO BEACH, FL 33060**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BABCOCK, LISA  
22810 CHAMPION DR.  
LINDALE, TX 75771**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U000000898148  
04/25/08-80077-007 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Robert S. Eckers*  
**ROBERT S. ECKERS**

**4/10/08**

Date

Daytime Phone #

**954-943-9217**

STAPLE CHECK HERE