


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000002088 1. Entity Name R.L. PALMER FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 548 N. HILLSBORO AVENUE ARCADIA, FL 34266	Mailing Address PO BOX 202 ARCADIA, FL 34265-0202
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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



03152008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0779017	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 PALMER, SHARON E 548 N HILLSBORO AVENUE ARCADIA, FL 34266	
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 _____
 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 #		STREET ADDRESS	
NAME	PALMER, ROBERT LANCE	CITY-ST-ZIP	
STREET ADDRESS	548 N. HILLSBORO AVENUE		
CITY-ST-ZIP	ARCADIA, FL 34266		
DOCUMENT #		STREET ADDRESS	
NAME	PALMER, SHARON E	CITY-ST-ZIP	
STREET ADDRESS	548 N. HILLSBORO AVENUE		
CITY-ST-ZIP	ARCADIA, FL 34266		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

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 Palmer* **SHARON Palmer** *4/21/08* **863494-5688**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE