

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2008**

DOCUMENT # A97000002149	
1. Entity Name DUKE FAMILY RANCH LIMITED PARTNERSHIP	

**FILED**

08 JAN 30 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business ATTN: MRS. JOANNE H. DUKE 11050 OLD TAMPA ROAD PARRISH FL 34219	Mailing Address ATTN: MRS. JOANNE H. DUKE 11050 OLD TAMPA ROAD PARRISH FL 34219
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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

1st MOORE CR2E003 (10/07)

4. FEI Number 65-0786567	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  PORGES, GREGORY J C/O /PORGES/HAMLIN/KNOWLES 1205 MANATEE AVENUE WEST BRADENTON FL 34205
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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.

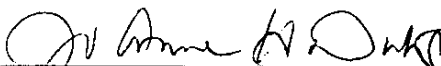
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	DUKE, JOANNE H	STREET ADDRESS	200116634302 02/01/08--01004--002 **\$500.00
NAME	11050 OLD TAMPA RD. PARRISH FL 34219	CITY-ST-ZIP	
DOCUMENT #	DUKE, JOSEPH E JR.	STREET ADDRESS	
NAME	4807 1ST AVENUE DRIVE NW BRADENTON FL 34209	CITY-ST-ZIP	
DOCUMENT #	CHESTON, LAURA GRACE	STREET ADDRESS	Cary, N.C. 27519
NAME	105 LUDGATE COURT MORRISVILLE NC 27560	CITY-ST-ZIP	
DOCUMENT #	DUKE, SUSAN DIANE	STREET ADDRESS	
NAME	4703 KIN ROSS COURT VALRICO FL 33594	CITY-ST-ZIP	
DOCUMENT #	MORRISON, DONNA ELIZABET	STREET ADDRESS	
NAME	4407 WATROUS AVENUE TAMPA FL 33629	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: \_\_\_\_\_ Drawn: \_\_\_\_\_

STAPLE CHECK HERE