


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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 12 AM 8:40

DOCUMENT # A97000002168

1. Entity Name
PEEBLES FAMILY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
P.O. BOX 38 P.O. BOX 38
WILDWOOD FL 34785 WILDWOOD FL 34785



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

1st MOORE CR2E003 (10/07)

4. FEI Number **59-3471888** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PEEBLES, J. WILLARD
322 SHOPPING CENTER DRIVE
WILDWOOD FL 34785**

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. * 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 # | PEEBLES, J. WILLARD TRUSTEE | STREET ADDRESS | 1004 CLEVELAND AVE. |
| NAME | 322 SHOPPING CENTER DR | CITY-ST-ZIP | WILDWOOD, FL 34785 |
| STREET ADDRESS | WILDWOOD FL 34785 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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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: *J. Willard Peebles, By Synelle K Rast*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/28/08 352-748-1263
Date Daytime Phone #