2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A97000002222

1. Entity Name

GEORGE C. CLARK INVESTMENTS, LTD.



FILED
Jan 31, 2008 08:00 AN
Secretary of State

Principal Place of Business

13770 58TH ST N SUITE 304

CLEARWATER, FL 33760

Mailing Address

13770 58TH ST N Suite 304

CLEARWATER, FL 33760



DO NOT WRITE IN THIS SPACE

On 1122008 No Chg

01122008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3475617

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACY, STEPHEN A CPA 13770 58TH ST N SUITE 304 CLEARWATER, FL 33760

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 little 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 #	P97000086215		
NAME	GEORGE C. CLARK ENTERPRISES, INC.		
STREET ADDRESS	13770 58TH ST. N., STE 304		
CITY-ST-ZIP	CLEARWATER, FL 33760		
DOCUMENT #			
NAME			
STREET ADDRESS	;		
- CITY-ST-ZIP			
DOCUMENT /			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

000000809695 02/08/08-80031-026 500.00

DO NOT WRITE IN THIS SPACE

DOCUMENT IN THIS SPACE

NAME
STREET ADDRESS
CITY-ST-7/P

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 220, Florida Statutes

SIGNATURE:

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(727) 544-8875