

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 25 AM 10: 42

DOCUMENT # A97000002522		
1. Entity Name THE JAMES D. OLSON FAMILY PARTNERSHIP, LTD.		

Principal Place of Business 4822 OCEAN BLVD., APT. 6B SARASOTA, FL 34242	Mailing Address 4822 OCEAN BLVD., APT. 6B SARASOTA, FL 34242
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2. Principal Place of Business - No P.O. Box # 7703 Weeping Willow Circle Suite, Apt. #, etc.	3. Mailing Address 7703 Weeping Willow Circle Suite, Apt. #, etc.
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City & State Zip 34241	City & State Zip 34241
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Country	Country
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6. Name and Address of Current Registered Agent OLSON, JAMES D 4822 OCEAN BLVD., APT. 6B SARASOTA, FL 34242		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7703 Weeping Willow Circle City	
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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.

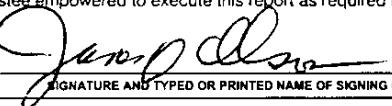
SIGNATURE \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	OLSON, JAMES D TRUSTEE 4822 OCEAN BLVD., APT. 6B SARASOTA, FL 34242	STREET ADDRESS CITY-ST-ZIP	7703 Weeping Willow Circle 34241
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500125589415 04/24/08--01044--001 ***\$500.00
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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

4-9-08

Date

Daytime Phone #

STAPLE CHECK HERE