

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A97000002531

1. Entity Name
ACP-JRL PARTNERSHIP, LTD.



FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 AM 10:00

Principal Place of Business
**512 E. WASHINGTON ST., SUITE 200
 ORLANDO, FL 32801**

Mailing Address
**512 E. WASHINGTON ST., SUITE 200
 ORLANDO, FL 32801**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008

Chg-LP

CR2E003 (12/06)

City & State

City & State

4. FEI Number

59-3483899

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
 11380 PROSPERITY FARMS ROAD #221E
 PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name

JAMES R. HEISTAND

Street Address (P.O. Box Number is Not Acceptable)

512 E. WASHINGTON STREET

City

ORLANDO

FL

Zip Code

32801

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, type or printed name of registered agent and title if applicable.

4/1/08

DATE

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2008, Fee will be \$900.00**

400122543104

04/08/08--01011--004 **500.00

**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 # **P97000099054**
 NAME **LAURICH, INC.**
 STREET ADDRESS **512 E. WASHINGTON ST., SUITE 200**
 CITY-ST-ZIP **ORLANDO, FL 32801**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAMES R. HEISTAND

4/1/08

(407) 650-0593

Date

Daytime Phone #