


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

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000002712 1. Entity Name VON THRON FAMILY PARTNERS, LTD.	
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Principal Place of Business 529 SOUTH ATLANTIC AVENUE COCOA BEACH FL 32931	Mailing Address 529 SOUTH ATLANTIC AVENUE COCOA BEACH FL 32931
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2. Principal Place of Business - No P.O. Box # State, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent VON THRON, JOSEPH C 529 SOUTH ATLANTIC AVENUE COCOA BEACH FL 32931	
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4. FEI Number 59-3479343	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

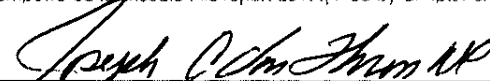
SIGNATURE _____
Signature typed or printed name of registered agent and if not applicable

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 # NAME STREET ADDRESS CITY-ST-ZIP	VON THRON, JOSEPH C 529 SOUTH ATLANTIC AVENUE COCOA BEACH FL 32931	STREET ADDRESS CITY-ST-ZIP	500000844113 03/12/08-80023-002 500.00
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:  **2-22-08 321-985-3229**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Filing Office

STAPLE CHECK HERE