


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

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000002834**

1. Entity Name  
**THE PHILIP W. TURNER FAMILY PARTNERSHIP, LTD.**



Principal Place of Business <b>1999 N.E. LIVINGSTON STREET          ARCADIA, FL 34266</b>	Mailing Address <b>1999 N.E. LIVINGSTON STREET          ARCADIA, FL 34266</b>
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-LP      CR2E003 (12/06)

4. FEI Number <b>59-3483980</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PWT, INC.  
 1999 N.E. LIVINGSTON STREET  
 ARCADIA, FL 34266**

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

**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P97000107616 PWT, INC. 1999 N.E. LIVINGSTON STREET ARCADIA, FL 34266</b>
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U00000824894  
 02/20/08-80095-021 500.00

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:** *Philip W. Turner* **Philip W. Turner**      **2-6-2008**      **863-494-3700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #