

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

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

DOCUMENT # A97000002898					
1. Entity Name PEPE FAMILY HOLDINGS, LTD.					
Principal Place of Business 7136 HIGHWAY A-1-A SOUTH ST. AUGUSTINE FL 32084			Mailing Address 464 PARK BLVD. STRATFORD CT 06615		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3063778	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEPE, FRANK W JR. 7136 A1A SOUTH ST. AUGUSTINE FL 32086				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 one if 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 #	S46474	STREET ADDRESS			
NAME	CHEVER ENTERPRISES, INC.	CITY - ST - ZIP			
STREET ADDRESS	7136 HIGHWAY A-1-A SOUTH	STREET ADDRESS			
CITY - ST - ZIP	ST. AUGUSTINE FL 32084	CITY - ST - ZIP		000000803600 02/08/08-80029-003 508.75	
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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: <i>FLW. P. G.P.</i>		Date: <i>1/26/08</i>		Filing Price: <i>904 471-8239</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE