


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

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000002948**  
 1. Entity Name  
**MCCRARY FAMILY LIMITED PARTNERSHIP, LLLP**



Principal Place of Business 1395 BUCKSAW PLACE LONGWOOD, FL 32750	Mailing Address 1395 BUCKSAW PLACE LONGWOOD, FL 32750
---	---

**DO NOT WRITE IN THIS SPACE**



02112008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3489261	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  
**MCCRARY, LOUIS H**  
 1395 BUCKSAW PLACE  
 LONGWOOD, FL 32750

**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	MCCRARY, LOUISE H
STREET ADDRESS	1395 BUCKSAW PLACE
CITY-ST- ZIP	LONGWOOD, FL 32750
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

**DO NOT WRITE IN THIS SPACE**

000000353165  
 04209708-80039-014 500.00

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:** *Louise H McCrary*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_