


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
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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"/>	\$8.75 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

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

STAPLE CHECK HERE

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

Date _____ Daytime Phone # _____