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

## FILED Apr 17, 2008 08:00 Al Secretary of State

DOCUMENT # A9700002951 '				Secretary of St			
1. Entity Name		951 •				v	
Principal Place 3233 SE MAR STE 601 OCALA, FL 3	RICAMP RD	Mailing Address P.O. BOX 1476 OCALA, FL 34478			UI (FAIT BBIIT BBIH BBUI FAU	BANYA   BAN 1870   BYAN   BANY 81   BA	
				04162008 No		CR2E003 (12/06)	
	O NOT WRITE	: IN THIS SI	ACE	4. FEI Number 59-34852	275	Applied For Not Applicable	
				5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	131 777		4 5 17 6 4 G.	CONTRACTOR L'ON	
LEEWARD 3233 SE M STE 601 OCALA, FL	ARICAMP RD			14. A 14.	NOT WR HIS SPA		
9 The shows	named entity submits this statement for	or the purpose of changing its re	raintered office or registr	The Court of both	in the State of Florids	Lam familiar with and accept	
SIGNATURE -	Signature Typed or printed name of registered agent FILE NOV After May 1, 2	and title if applicable MIII FEE IS \$500.00 2008, Fee will be \$900.	00			DATE	
	A GENERAL PARTNER 1 NOTE: General Partners MA	THAT IS A BUSINESS ENT AY NOT be changed on the					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNE P97000109109 LIBERATOR CORP. P.O. BOX 1476 OCALA, FL 344781476	R INFORMATION			**************************************	11,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	
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14. I hereby certify that the information supplied with this filling 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

AS PRESIDANT OR CORP.

SIGNATURE:  $\frac{1}{2}$ 

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4110100