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

DO NOT WRITE IN THIS SPACE

DOCUMENT # A98000000133

DODSON LIMITED PARTNERSHIP



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

4131 N. RIVER VIEW AVE. TAMPA, FL 33607

Mailing Address

4131 N. RIVER VIEW AVE. TAMPA, FL 33607



02192008 No Chg-LP

CR2E003 (12/06)

4. FEI Number	Applied For
59-3485768	 Not Applicabl
5. Certificate of Status Desired	\$8.75 Additional

		59-3485768	Not Applicable	
		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent			
HIBBS, JE 4131 N. RI TAMPA, FI	VER VIEW AVE.	DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the purpose of changing its registions of registered agent.	•	da. I am familiar with, and accept	
SIGNATURE JEAN D HIBBS CONTINAL TAKING 4/18 Signature, typod or printed name of registered agent and title if applicable. DATE		#//8/08 DATE		
	FILE NOWIII 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	HIBBS, JEAN D 4131 N. RIVER VIEW AVE. TAMPA, FL 33607	Honnonga	10804	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	•	05/14/08-80	:0804 :058~024 500.00	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WR		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPA	CE	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				
DOCUMENT #				

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

NAME STREET ADDRESS CITY - ST- ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER