


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A98000000153 1. Entity Name THE BOLLEY FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 1513 STATE ROAD 559 POLK CITY, FL 33868	Mailing Address 1513 STATE ROAD 559 POLK CITY, FL 33868
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DO NOT WRITE IN THIS SPACE



04232008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3484532	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BOLLEY, HENRY S
1513 STATE ROAD 559
POLK CITY, FL 33868**

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 STREET ADDRESS CITY - ST - ZIP	BOLLEY, HENRY S 1513 STATE ROAD 559 POLK CITY, FL 33868
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	BOLLEY, IRMA S 1513 STATE ROAD 559 POLK CITY, FL 33868
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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: **HENRY S. BOLLEY**  **4-23-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE