

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 3, 2008**

DOCUMENT # A98000000369

1. Entity Name

THE LANGFITT FAMILY LIMITED PARTNERSHIP



Principal Place of Business
215 LIVE OAK ROAD
VERO BEACH FL 32963

Mailing Address
215 LIVE OAK ROAD
VERO BEACH FL 32963

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0795721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGFITT, DAVID R SR
215 LIVE OAK ROAD
VERO BEACH FL 32963

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

File Now!!! Fee is \$900.00 • Due By September 3, 2008

**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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
LANGFITT, DAVID R SR
215 LIVE OAK ROAD
VERO BEACH FL 32963

STREET ADDRESS

CITY-ST-ZIP

000000957136
08/06/08-80001-002 500.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
LANGFITT, LAVERNE E
215 LIVE OAK ROAD
VERO BEACH FL 32963

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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:

David R. Langfitt Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Aug 4, 2008

772-543-0444

Daytime Phone #

STAPLE CHECK HERE