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

DO NOT WRITE IN THIS SPACE

DOCUMENT # A98000000569

1. Entity Name

SKIBO FAMILY LIMITED PARTNERSHIP



FILED Apr 22, 2008 08:00 AN Secretary of State

Principal Place of Business

15 AVE DE LA MER

SUITE 502 PALM COAST, FL 32137 Mailing Address

12103 CYPRESS CREEK LAKES DRIVE

CYPRESS, TX 77433



01102008 No Chg-LP

CR2E003 (12/06)

4. FFI Number 65-0845491

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKIBO, CHARLES M 15 AVE DE LA MER **SUITE 502** PALM COAST, FL 32137

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

DATE

unaooo914223 **(**15/08/08-80048-802 508.75

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 # V17538 NAME STRATEGIC ENTERPRISES AND COMMUNICATIONS I STREET ADDRESS 15 AVE DE LA MER CITY-ST-ZIP PALM COAST, FL 32137 DOCUMENT # NAME STREET ADORESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

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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:

CITY-ST-7IP

CHECK

STAPLE

30-526-2342