## 2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

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SIGNATURE:

SIGNATURE AND TYPED OR PR

HED NAME OF SIGNING GENERAL PARTNER

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## FILED 2/Feb 12, 2008 08:00 AI 500 Secretary of State DOCUMENT # A98000000845 1. Entity Name THE LEBEN FAMILY LLLP Principal Place of Business . Mailing Address 6670 ESTERO BLVD. #A-101 6670 ESTERO BLVD. #A-101 FT. MYERS BEACH FL 33931 FT. MYERS BEACH FL 33931 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/07) Applied For City & State City & State 4. FEI Number 65-0826299 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEBEN, MARY C Street Address (P.O. Box Number is Not Acceptable) 6670 ESTERO BLVD., #A-101 FT. MYERS FL 33931 City Zio 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. Signature, typed or printed name of registered agent and at eld applicable FILE NOW!!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State : 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. DOCUMENT \* STREET ADDRESS LEBEN, MARY C NAME STREET ADDRESS 6670 ESTERO BLVD., #A-101 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS BEACH FL 33931 DOCUMENT # STREET ADDRESS U00000825279 NAME 02/21/08-80003-002 500.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7P DOCUMENT # STREET ADDRESS NAME STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 regulined by Chapter 620, Florida Statutes