2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

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1. Entity Name QUIETWATER LIMITED PARTNERSHIP					08 JAN	129 PM 2:58
				WI TEN	SECRE	TARY OF STATE
Principal Place of Business 1101 GULF BREEZE PARKWAY, STE. 109 GULF BREEZE, FL 32561 Mailing Address 1101 GULF BREEZE PARKWAY, GULF BREEZE, FL 32561				09	TALLAH	ASSEE, FLORIDA
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3700 Creighton Road PO Box 11123						
Suite, Apt. #, etc. Suite, Apt. #, etc.					01082008 Chg-LP	CR2E003 (12/06)
Suite 1 City & State City & State					4. FEI Number	Applied For
Pensacola			Pensacola, FL		59-3512026	Not Applicable
Zip 32504 Country .USA . 32524=11			Country USA			\$8.75 Additional Fee Required
6.	Name and Address of Curren	t Registered Agent	Nam		7. Name and Address of New R	egistered Agent
BUTTS, EDWARD				Edward Butts		
1101 GULF BREEZE PKWY SUITE 109 GULF BREEZE, FL 32561				Street Address (P.O. Box Number is Not Acceptable) 3700 Creighton Road, Suite 1		
				Pensacola FL Zip Code 32504		
8. The above named the obligations of	entity submits this cratement	or the purpose of changing its r	egistered office		red agent, or both, in the State of Flo	
SIGNATURE	Typed or printer rathe of registered ager	y and title if controlle				10/08
		Will FEE IS \$500.00				/
	After May 1,	2008, Fee will be \$900				
, N					TERED AND ACTIVE WITH TH at must be filed to change a ge	
12.	GENERAL PARTNI	ER INFORMATION	13.		ADDRESS CHA	NGES ONLY
NAME QUIE	QUIETWATER CAPITAL MANAGEMENT, INC. 1101 GUI E BREEZE PARKWAY STE 109			3700	Creighton Road,	Suite l
	BREEZE, FL 32561		CITY-ST-ZIP	Pens	sacola, FL 32504	
NAME			STREET ADDRES	is		
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14. I hereby certify indicated on this or the receiver of	hat the information supplied w report is true and accurate an trustee empowered to execut	ith this filing does not qualify fo d that my signature shall have the e this report as required by Cha	or the exemption the same legal eapter 620, Florid	ns containe flect as if n a Statutes	d in Chapter 119, Florida Statutes. nade under oath; that I am a Gener	I further certify that the information all Partner of the limited partnership
SIGNATURI	: Bull				1/10/08	
	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING GENERAL	L PARTNER		// Date	Daytime Phone #