

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

DOCUMENT # A98000001323



1. Entity Name  
 CLARITA GARCIA FAMILY PARTNERSHIP, LTD.

Principal Place of Business  
 601 NORTH NEW YORK AVENUE, SUITE 200  
 WINTER PARK, FL 32789

Mailing Address  
 P.O. BOX 2066  
 WINTER PARK, FL 32790

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

601 N. New York Ave  
 Suite, Apt. #, etc.  
 201

3. Mailing Address

Suite, Apt. #, etc.

City & State  
 Winter Park, FL

City & State

Zip - 32789 | Country USA

Zip

Country

6. Name and Address of Current Registered Agent

GARCIA, M A III  
 601 NORTH NEW YORK AVENUE  
 WINTER PARK, FL 32789

Name

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

SL 201

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.

SIGNATURE

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

DATE

**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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

GARCIA, M A III  
 601 NORTH NEW YORK AVENUE, SUITE 201  
 WINTER PARK, FL 32789

STREET ADDRESS  
 CITY-ST-ZIP

601 N. New York Ave SL 201  
 Winter Park, FL 32789

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

SINK, CARMEN G  
 601 NORTH NEW YORK AVENUE, SUITE 201  
 WINTER PARK, FL 32789

STREET ADDRESS  
 CITY-ST-ZIP

601 N. New York Ave SL 201  
 Winter Park, FL 32789

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STAPLE CHECK HERE

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: *Clarita Garcia* 2-6-08 407-647-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**FILED**

08 FEB 19 PM 1:45

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01252008 Chg-LP CR2E003 (12/06)

4. FEI Number  
 59-3514326 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent