

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A98000001323

1. Entity Name
 CLARITA GARCIA FAMILY PARTNERSHIP, LTD.



FILED
 08 FEB 19 PM 1:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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
 City & State
 Winter Park FL
 Zip
 32789 Country
 USA

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

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

6. Name and Address of Current Registered Agent
 GARCIA, M A III
 601 NORTH NEW YORK AVENUE
 WINTER PARK, FL 32789

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 #		STREET ADDRESS	601 N. New York Ave SL 201
NAME	GARCIA, M A III	CITY-ST-ZIP	Winter Park, FL 32789
STREET ADDRESS	601 NORTH NEW YORK AVENUE, SUITE 200 201		
CITY-ST-ZIP	WINTER PARK, FL 32789		
DOCUMENT #		STREET ADDRESS	601 N. New York Ave SL 201
NAME	SINK, CARMEN G	CITY-ST-ZIP	Winter Park, FL 32789
STREET ADDRESS	601 NORTH NEW YORK AVENUE, SUITE 200 201		
CITY-ST-ZIP	WINTER PARK, FL 32789		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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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: R Garcia 2-6-08 4076474300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE