

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

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 8:19

DOCUMENT # A98000001550

1. Entity Name
 DOANE LIMITED PARTNERSHIP



Principal Place of Business
 820 ANCHOR RODE DR.
 NAPLES, FL 34103

Mailing Address
 820 ANCHOR RODE DR.
 NAPLES, FL 34103

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

2240 TARPON RD

Suite, Apt. #, etc.

3. Mailing Address

2240 TARPON RD

Suite, Apt. #, etc.



04232008 Chg-LP CR2E003 (12/06)

City & State
 NAPLES FL

City & State
 NAPLES FL

4. FEI Number
 65-0845817

Applied For
 Not Applicable

Zip
 34103

Country
 USA

Zip
 34103

Country
 USA

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

6. Name and Address of Current Registered Agent

DOANE, JAMES E JR.
 2240 TARPON RD.
 NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name

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

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.

4.28.08

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

DOCUMENT # P98000054224
 NAME DOANE CORNER, INC.
 STREET ADDRESS 600 TRIPLE TREE RD.
 CITY-ST-ZIP BOZEMAN, MT 59715

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

000128118730
 05/01/08--01054--002 **500.00

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

JAMES E DOANE JR

STAPLE CHECK HERE