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

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A98000002009

1. Entity Name

CONOVER ENTERPRISES, LTD.

Principal Place of Business	Mailing Address
987 OLD MOUNT DORA ROAD EUSTIS FL 32726	987 OLD MOUNT DORA ROAD EUSTIS FL 32726

1st MOORE CR2E003 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3530477 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONOVER, CHARLES A 987 OLD MOUNT DORA ROAD EUSTIS FL 32726	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   DATE

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	CONOVER, CHARLES A TRUSTEE		
STREET ADDRESS	987 OLD MOUNT DORA ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	EUSTIS FL 32726		
DOCUMENT #		STREET ADDRESS	U00000802557
NAME	CONOVER, BILLIE J TRUSTEE		02/04/08-80005-009 500.00
STREET ADDRESS	987 OLD MOUNT DORA ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	EUSTIS FL 32726		
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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: Charles A. Conover   1/26/08   352-357-7877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #