2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A98000002543

1. Entity Name
TIEGS & HUFF INVESTMENTS, LTD.

FILED
Jul 09, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
5110 SE BURNING TREE CIR. STUART, FL 34997	5110 SE BURNING TREE CIR. STUART, FL 34997
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

06032008 Chg-LP CR2E003 (12/06)

4. FEI Number: 65-0881408 — 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
TIEGS, DEL V 5110 SE BURNING TREE CIR. STUART, FL 34997	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 $500.00
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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	TIEGS, DEL V		
STREET ADDRESS	5110 SE BURNING TREE CIR.	CITY-ST-ZIP	U00000953669
CITY-ST-ZIP	STUART, FL 34997		07/09/08-80001-011 500.00
DOCUMENT #		STREET ADDRESS	
NAME	HUFF, HOWARD C		
STREET ADDRESS	405 HILLCREST STREET	CITY-ST-ZIP	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
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DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	

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: Del V. Tieg Gen. Part. — 7/3/08 — 772-260-1677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Sign.