


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

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000002863</b>	
1. Entity Name <b>THE PAVER FAMILY LIMITED PARTNERSHIP</b>	

Principal Place of Business <b>4370 S. TAMiami TRAIL, #242 SARASOTA, FL 34231</b>	Mailing Address <b>4370 S. TAMiami TRAIL, #242 SARASOTA, FL 34231</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02262008 Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-0884199</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>PAVER, PAUL L 4370 S. TAMiami TRAIL, #242 SARASOTA, FL 34231</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \$800.00**

**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 #	PAVER, PAUL L	STREET ADDRESS	
NAME	4370 S. TAMiami TRAIL, #242	CITY-ST-ZIP	
STREET ADDRESS	SARASOTA, FL 34231		
CITY-ST-ZIP			
DOCUMENT #	PAVER, DORIS	STREET ADDRESS	U000000942993
NAME	4370 S. TAMiami TRAIL, #242	CITY-ST-ZIP	05/29/08-80042-011 500.00
STREET ADDRESS	SARASOTA, FL 34231		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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

*Diana Paver*  
**DIANA PAVER**

**4/28/08**

Date

Daytime Phone #

STAPLE CHECK HERE