


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

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

<b>DOCUMENT # A99000000569</b> 1. Entity Name <b>WENNER FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>648 NORTH SHORE DRIVE DEERFIELD BEACH, FL 33442</b>	Mailing Address <b>RR1, BOX 197A NEWFOUNDLAND, PA 18445</b>
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**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-LP

CR2E003 (12/06)

4. FEI Number <b>94-3360246</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WENNER, LILLIAN 648 NORTH SHORE DRIVE DEERFIELD BEACH, FL 33442</b>
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**DO NOT WRITE IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>	<b>4/23/08</b>
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**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 #	
NAME	<b>WENNER, SUSAN</b>
STREET ADDRESS	<b>241-20 NORTHERN BLVD.</b>
CITY-ST-ZIP	<b>DOUGLASTON, NY 11363</b>
DOCUMENT #	
NAME	<b>WENNER, JOHN P JR.</b>
STREET ADDRESS	<b>R.R. 1-BOX 197A</b>
CITY-ST-ZIP	<b>NEWFOUNDLAND, PA 18445</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000938701  
05/27/08-80101-012 500.00

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

<b>SIGNATURE:</b> 	<b>4/23/08</b>	<b>570-676-9157</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>