

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

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT #A99000000765**

1. Entity Name  
**THE CESIC LIMITED PARTNERSHIP**



Principal Place of Business  
**3601 N.W. 91ST LANE  
JASPER, FL 32052**

Mailing Address  
**3601 N.W. 91ST LANE  
JASPER, FL 32052**



01192008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3577323**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BEMBRY, IRVIN C  
3601 N.W. 91ST LANE  
JASPER, FL 32052**

**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

SIGNATURE, PRINTED OR TYPED NAME OF REGISTERED AGENT AND DATE OF SIGNATURE

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 #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**BEMBRY, IRVIN C  
3601 N.W. 91ST LANE  
JASPER, FL 32052**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**BEMBRY, CHARLEEN D  
3601 N.W. 91ST LANE  
JASPER, FL 32052**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DOCUMENT #  
NAME  
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NAME  
STREET ADDRESS  
CITY- ST- ZIP

U000000796185  
01/24/08-80022-023-500.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

**IRVIN C BEMBRY**

**386 792-1745**  
**1/19/08**

STAPLE CHECK HERE