


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

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # A99000000767 1. Entity Name THE KESERT FAMILY LIMITED PARTNERSHIP	
--	---

Principal Place of Business 2525 GULF OF MEXICO DRIVE, UNIT 14D LONGBOAT KEY FL 34228 US	Mailing Address 2525 GULF OF MEXICO DRIVE, UNIT 14D LONGBOAT KEY FL 34228 US
--	--

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

	
1st MOORE	CR2E003 (10/07)
4. FEI Number 65-0922512	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HICKS, JOYCE 2525 GULF OF MEXICO DRIVE, 14D LONGBOAT KEY FL 34228	
---	--

7. Name and Address of New Registered Agent	
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 _____ 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	HICKS, JOYCE TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	2525 GULF OF MEXICO DRIVE, #14-D		
CITY-ST-ZIP	LONGBOAT KEY FL 34228		
DOCUMENT #		STREET ADDRESS	000000076413
NAME		CITY-ST-ZIP	04/11/08-80072-013 500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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 110, 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: Joyce Hicks **JOYCE HICKS** 4/1/08 941-383-3929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER