


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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 28 PM 2: 57

<b>DOCUMENT # A99000000781</b>	
1. Entity Name <b>THE VERNON SMITH FAMILY LIMITED PARTNERSHIP</b>	

Principal Place of Business <b>3150 NORTH A1A #501N FORT PIERCE, FL 34949</b>	Mailing Address <b>3150 NORTH A1A #501N FORT PIERCE, FL 34949</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>1600 South U.S. 1</b>	3. Mailing Address <b>1600 South U.S. 1</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Fort Pierce, FL</b>	City & State <b>Fort Pierce, FL</b>
--	--

Zip <b>34950</b>	Country <b>USA</b>	Zip <b>34950</b>	Country <b>USA</b>
---------------------	-----------------------	---------------------	-----------------------



04222008 Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-0915975</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
---	--

<b>6. Name and Address of Current Registered Agent</b>	
<b>SMITH, VERNON D 1600 S FEDERAL HWY FORT PIERCE, FL 34950</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_  
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 \$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 #	SMITH, VERNON D
NAME	1600 S FEDERAL HWY
STREET ADDRESS	FORT PIERCE, FL 34950
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>300125883249 04/25/08--01052--004 **500.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:**  **4/22/08 772-462-5056**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

VERNON D. SMITH