

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000000958

**FILED**  
**Apr 25, 2008**  
**Secretary of State**

**Entity Name:** BULLARD FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

9893 SE 159TH AVE  
WHITE SPRINGS, FL 32096

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 246  
WHITE SPRINGS, FL 32096

**New Mailing Address:**

**FEI Number:** 59-3584084

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLEMAN, C. RANDOLPH  
9250 BAYMEADOWS ROAD, SUITE 230  
JACKSONVILLE, FL 322561813 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: BULLARD, JOHN ROBERT  
Address: 9893 SE 159TH AVE  
City-St-Zip: WHITE SPRINGS, FL 32096

Document #:

Name: BULLARD, AVIS CHRISTINE  
Address: 9893 SE 159TH AVE  
City-St-Zip: WHITE SPRINGS, FL 32096

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AVIS C. BULLARD

\_\_\_\_\_  
Electronic Signature of Signing General Partner

04/25/2008

\_\_\_\_\_  
Date