


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 22, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A99000001375 1. Entity Name PROSPECT MANAGEMENT, LTD. |  |
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|--|--|
| Principal Place of Business 144 WM. BARTRAM DR. WELAKA, FL 32193 | Mailing Address P.O. BOX 1023 WELEKA, FL 32193 |
|--|--|

DO NOT WRITE IN THIS SPACE



02112008 No Chg-LP

CR2E003 (12/06)

| | |
|----------------------------------|--|
| 4. FEI Number 59-3603783 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MILLER, JOSEPH E 144 WM. BARTRAM DR. WELAKA, FL 32193 |
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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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

000000835518
02/29/08-80039-004 508.75

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 | MILLER, JOSEPH E |
| STREET ADDRESS | P.O. BOX 1023 |
| CITY-ST-ZIP | WELEKA, FL 32193 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:

Joseph E. Miller General Partner 2/19/08 3866981062

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE