


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT #A99000001445 1. Entity Name THE MILDRED CLEMENTS FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 595 CLEMENTS ROAD FERNANDINA BEACH, FL 32034	Mailing Address 595 CLEMENTS ROAD FERNANDINA BEACH, FL 32034
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

08 JAN -9 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3600006	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TOMASSETTI, A. JEFFREY ESQ. 406 ASH STREET FERNANDINA BEACH, FL 32035-1443	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CLEMENTS, MILDRED V 595 CLEMENTS ROAD FERNANDINA BEACH, FL 32034 ✓	STREET ADDRESS CITY-ST-ZIP 59262 Clements Rd. Fernandina Bch Fla. 32034
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP BURKETT, ERNIE F 595 CLEMENTS ROAD FERNANDINA BEACH, FL 32034 ✓	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 	STREET ADDRESS CITY-ST-ZIP 400114534644 01/09/08--01040--010 **500.00 ✓
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP N. CAUSSEAU	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP JAN 11 2008	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP EXAMINER	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 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: Mildred Clements family LTD 1/07/08 (904) 261-5602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE