

2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A99000001471

1. Entity Name C.A. ELLIOTT, LLLP



Apr 18, 2008 08:00 A Secretary of State

FILED

Principal Place of Business

5201 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810

Mailing Address

5201 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810



04072008 No Chg-LP

CR2E003 (12/06)

4.	FEI Number			Applied For
	59-3611072			Not Applicable
5.	Certificate of Status Desired	1 1	\$8.75	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELLIOTT, CALLIE A 5201 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i the obligations of registered agent. 	n the State of Florida. I am familiar with, and accept			
SIGNATURE				
Signature, typed or printed name of registered agent and title if applicable.	DATE			

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.

Į	12.	GENERAL PARTNER INFORMATION		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ELLIOTT, CALLIE A 5201 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
į	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
ר טורטוי וייני	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			
	DOCUMENT # NAME STREET ADDRESS			

U00000907639 05/05/08-80046-016 500.00

DO NOT WRITE IN THIS SPACE

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 in execute this report as required by Chapter 620. Florida Statutes

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/5/08

Daytime Phone #