

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

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000002189**

1. Entity Name  
**ENGLISH FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**2075 WEST FIRST ST., STE. #300**  
**LEHIGH ACRES, FL 33972**

Mailing Address  
**921 GLENN AVENUE**  
**LEHIGH ACRES, FL 33972**



01072008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0970215**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

**ENGLISH, KATHERINE R**  
**1833 HENDRY STREET**  
**FT MYERS, FL 33901**

**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

Signature, typed or printed name of registered agent and title if applicable

U000000789730

01/23/08 88885 886 500.00

**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 #  
NAME **ENGLISH, J. EDWIN MR.**  
STREET ADDRESS **840 PORTERFIELD ROAD**  
CITY-ST-ZIP **LABELLE, FL 33935**

DOCUMENT #  
NAME **ENGLISH, HUGH M MR.**  
STREET ADDRESS **P.O. BOX 129**  
CITY-ST-ZIP **LABELLE, FL 33975**

DOCUMENT #  
NAME **ENGLISH, JOSEPH C MR.**  
STREET ADDRESS **921 GLENN AVENUE**  
CITY-ST-ZIP **LEHIGH ACRES, FL 33972**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE**  
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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 C English*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**239-934-9191**

STAPLE CHECK HERE