


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED  
Jan 28, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # A9900002209</b> 1. Entity Name: <b>VAUGHN FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>100 SOUTH ASHLEY DR., STE 1300 TAMPA FL 33602</b>	Mailing Address <b>67 LADOGA AVENUE TAMPA FL 33606</b>
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2. Principal Place of Business - No P.O. Box # State, Apt. #, etc.	3. Mailing Address State, Apt. #, etc.
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1st MOORE CR2E003 (10/07)

City & State	City & State	4. FEI Number <b>59-7168778</b>	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>KELLY, PETER J ESQ. 100 S. ASHLEY DRIVE, STE. 1300 TAMPA FL 33601</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 date if applicable)

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900.\*\*\* Make check payable to Florida Department of State.**

**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	<b>VAUGHN, ROBERT E 67 LADOGA AVE. TAMPA FL 33606</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>VAUGHN, FRANCES C 67 LADOGA AVE. TAMPA FL 33606</b>	STREET ADDRESS CITY-ST-ZIP	<b>1100000800048 01/31/08-80001-024 500.00</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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:** *Frances C. Vaughn* **Jan 23, 2008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE