


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

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000002226</b>					
1. Entity Name <b>THE ARNOLD FAMILY LAND LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>5323 BROWN STREET GRACEVILLE FL 32440</b>			Mailing Address <b>P.O. BOX 155 GRACEVILLE FL 32440</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>62-1810504</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARNOLD, WILLIAM H 3823 HIGHWAY 2 GRACEVILLE FL 32440</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature typed or printed name of registered agent and state if applicable</small>					
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2008, fee will be \$900.*** Make check payable to Florida Department of State.</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	ARNOLD, WILLIAM H		CITY-ST-ZIP		
STREET ADDRESS	3823 HIGHWAY 2				
CITY-ST-ZIP	GRACEVILLE FL 32440				
DOCUMENT #	NAME		STREET ADDRESS	U000000921084	
NAME			CITY-ST-ZIP	05/14/08-80069-016 500.00	
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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:** *Robert M. Arnold* - V-Pres.  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

*April 22, 2008* 850-263-3271  
**Date** **Expiring Period**

STAPLE CHECK HERE