
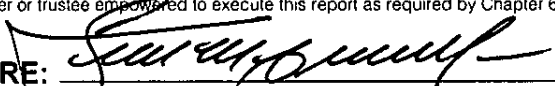


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # B01000000291					
1. Entity Name CHESTERFIELD PARK ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business 9051 FLORIDA MINING BLVD., STE. 100 TAMPA, FL 33634			Mailing Address 9051 FLORIDA MINING BLVD., STE. 100 TAMPA, FL 33634		
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 59-2695875	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRACCHIOLO, JAMES M 9051 FLORIDA MINING BLVD SUITE 100 TAMPA, FL 33634			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 title if applicable</small>					
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 #	F97000005546			STREET ADDRESS	
NAME	CHESTERFIELD PARK CORPORATION			CITY-ST-ZIP	
STREET ADDRESS	9051 FLORIDA MINING BLVD SUITE 100				
CITY-ST-ZIP	TAMPA, FL 33634				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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NAME				CITY-ST-ZIP	
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: 				4.15.08 813-889-8355	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	



04142008 Chg-LP CR2E003 (12/06)

4. FEI Number
59-2695875

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL	Zip Code

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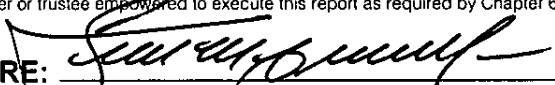
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STAPLE CHECK HERE