


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

DOCUMENT # B07000000179	
1. Entity Name STONE CREEK FARM, LTD.	

FILED

08 FEB 19 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1332 OLD FRANKFORT PIKE LEXINGTON KY 40504	Mailing Address 1332 OLD FRANKFORT PIKE LEXINGTON KY 40504
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2. Principal Place of Business - No P.O. Box # 3009 ATKINSON AVE	3. Mailing Address 3009 ATKINSON AVE
Suite, Apt. #, etc. Suite 400	Suite, Apt. #, etc. Suite 400
City & State LEXINGTON KY	City & State LEXINGTON KY
Zip 40509	Zip 40509
Country	Country

1st MOORE

CR2E003 (10/07)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAWSON, STEVEN L 1020 GALLEON DRIVE NAPLES FL 34102

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 _____
Signature, typed or printed name of registered agent and date of application

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 #		STREET ADDRESS	3009 ATKINSON AVE Suite 400
NAME	LAWSON, LEONARD	CITY-ST-ZIP	LEXINGTON, Ky 40509
STREET ADDRESS	1332 OLD FRANKFORT PIKE		
CITY-ST-ZIP	LEXINGTON KY 40504		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200118555492
NAME		CITY-ST-ZIP	02/21/08--01038--002 **500.00
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DOCUMENT #		STREET ADDRESS	
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:  **CHARLES HERMAN** 2/1/08 859-223-7001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE