

# 2008 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B07000000279

**FILED**  
**Jan 07, 2008**  
**Secretary of State**

**Entity Name:** SAMS' FAMILY LIMITED PARTNERSHIP, LLLP

**Current Principal Place of Business:**

221 N CAUSEWAY STE A  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 250  
DECATUR, GA 30031

**New Mailing Address:**

**FEI Number:** 20-3533099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPENCE, HALL  
221 N CAUSEWAY STE A  
NEW SMYRNA BEACH, FL 32169 US

**Name and Address of New Registered Agent:**

SPENCE, HAL MR.  
221 N CAUSEWAY STE A  
NEW SMYRNA BEACH, FL 32169 US

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.

SIGNATURE: HAL SPENCE

01/07/2008

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: SAMS, GARY M  
Address: 1204 BELLAIRE DR  
City-St-Zip: ATLANTIC, GA 30319

Document #:

Name: SAMS, CHARLES M  
Address: UNIT 1201 TRADEWINDS 5265 SOUTH ATLANTIC  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip: ATLANTA, GA 30319

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY M. SAMS

MR.

01/07/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date