

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # B93000000041

1. Entity Name
WARMACK MUSKOGEE LIMITED PARTNERSHIP



FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:47

Principal Place of Business
30 MORRIS LANE
TEXARKANA, TX 75503-2115

Mailing Address
30 MORRIS LANE
TEXARKANA, TX 75503-2115



2. Principal Place of Business - No P.O. Box #
28 Morris Lane

3. Mailing Address
P.O. Box 5308

Suite, Apt. #, etc.
Suite 112

Suite, Apt. #, etc.

04222008 Chg-LP CR2E003 (12/06)

City & State
TEXARKANA, TX.

City & State
TEXARKANA, TX.

4. FEI Number
71-0427769

Applied For
 Not Applicable

Zip
75503

Country

Zip
75505

Country

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

6. Name and Address of Current Registered Agent

HOUCK, TOM JR.
312 SOUTH 451
MELBOURNE, FL 32901

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 _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

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

DOCUMENT # **M00000001325**
 NAME **WARMACK AND COMPANY, L.L.C.**
 STREET ADDRESS **30 MORRIS LANE**
 CITY-ST-ZIP **TEXARKANA, TX 75503**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **28 Morris Lane-Suite 112**
 CITY-ST-ZIP **Texarkana, TX. 75503**
800127237328
04/30/08--01008--023 **500.00

DOCUMENT #
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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:

TREASURER

4/22/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STATE OF FLORIDA