


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # B96000000364 1. Entity Name CATRON FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 110 PADGETT STREET CORBIN, KY 40701	Mailing Address 110 PADGETT STREET CORBIN, KY 40701
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2. Principal Place of Business - No P.O. Box # 	3. Mailing Address
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Suite, Apt. #, etc. 	Suite, Apt. #, etc.
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City & State 	City & State
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Zip 	Country 	Zip 	Country
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4. FEI Number 61-1308001		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 CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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 title if applicable.

FILE NOW!!! FEE IS \$500.00 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	JANIE GRIFFIN CATRON	4030 Tate's Creek Rd. #5300	Lexington, Ky. 40517
	110 PADGETT STREET		
	CORBIN, KY 40701		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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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: Janie G. Catron 07/07/08 859-309-0794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Janie G. Catron
 General Partner

FILED
 08 JUL 18 PM 2:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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STAPLE CHECK HERE