

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT #B97000000052

1. Entity Name
JOSHUA W. LIMITED PARTNERSHIP



Principal Place of Business
**THE CORPORATION TRUST COMPANY
1209 ORANGE ST., THE CORP. TRUST CENTER
WILMINGTON, DE 19801**

Mailing Address
**C/O MY FAMILY, INC.
13171 ATLANTIC BLVD #400
JACKSONVILLE, FL 32225**



04252008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3399376

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REGISTER, WILLIAM P
13171 ATLANTIC BLVD
#400
JACKSONVILLE, FL 32225**

**DO NOT WRITE
IN THIS SPACE**

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

U00000930707
05/21/08-80121-002 \$08.75

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 # **F97000000517**
NAME **SKEETIE K. INC.**
STREET ADDRESS **101 CHARLOIS BLVD., SUITE 102**
CITY, ST, ZIP **WINSTON-SALEM, NC 27103**

DOCUMENT #
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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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Registered Professional

STAPLE CHECK HERE