


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # B98000000236	
1. Entity Name PLANGERE PARTNERS, L.P.	
	
Principal Place of Business 3829 PARTRIDGE PLACE BOYNTON BEACH, FL 33436	Mailing Address 3829 PARTRIDGE PLACE BOYNTON BEACH, FL 33436



05052008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2060939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PLANGERE, JULES L JR. 3829 PARTRIDGE PLACE SOUTH - QUAIL RIDGE BOYNTON BEACH, FL 33436	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

U000000949572
06/03/08-80033-012 500.00
DATE

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.

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 #	M98000000356
NAME	JJP, L.L.C.
STREET ADDRESS	3829 PARTRIDGE PLACE SOUTH - QUAIL RIDGE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE