


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**FILED**  
**Sep 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000000899**  
 1. Entity Name  
**TOMLINSON FAMILY LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
**3700 LEAFY WAY**                      **3700 LEAFY WAY**  
**MIAMI, FL 33133**                      **MIAMI, FL 33133**

**DO NOT WRITE IN THIS SPACE**



07222007 No Chg-LP      CR2E003 (12/06)

4. FEI Number <b>65-1064288</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPCO, INC.**  
**2699 S. BAYSHORE DRIVE, 7TH FL**  
**MIAMI, FL 33133**

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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 \$900.00**  
**On or after September 14, 2007, Fee will be \$1000.00**

**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 #	
NAME	<b>TOMLINSON, MALCOLM J.</b>
STREET ADDRESS	<b>3700 LEAFY WAY</b>
CITY-ST-ZIP	<b>COCONUT GROVE, FL 33133</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
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 09/11/07-80001-002 900.00

STAPLE CHECK HERE

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** \_\_\_\_\_ **09-07 305 4453070**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #