

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 27 AM 9:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # A0000001696
 1. Entity Name
THE TRUSLER FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**2707 BELL SHOALS RD.
 BRANDON, FL 33511**

Mailing Address
**2707 BELL SHOALS RD.
 BRANDON, FL 33511**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

03062007 Chg-LP CR2E003 (12/06)

4. FEI Number
59-3597812

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FLAWS, MAGNUS JR.
 3242 HENDERSON BLVD., SUITE 301
 TAMPA, FL 33609**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2708 BELL SHOALS ROAD

City **BRANDON,** FL Zip Code **33511**

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 if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	TRUSLER, GENEVA M TRUSTEE	STREET ADDRESS	2708 BELL SHOALS ROAD
NAME	3242 HENDERSON BLVD., SUITE 301	CITY-ST-ZIP	BRANDON, FLORIDA 33511
STREET ADDRESS	TAMPA, FL 33609		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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: Geneva M Trusler **3-23-07** **813-875-1040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE