

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

**2007 MAR -5 AM 9:25**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01102007 Chg-LP CR2E003 (12/06)

4. FEI Number **23-2841192** Applied For ☐ Not Applicable

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

**DOCUMENT # A06000001031**  
1. Entity Name  
**FRACK FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**24 DOCKSIDE LANE  
PMB 59  
KEY LARGO, FL 33037**

Mailing Address  
**24 DOCKSIDE LANE  
PMB 59  
KEY LARGO, FL 33037**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
**THOMES, TIMOTHY N P.A.  
99198 OVERSEAS HIGHWAY  
SUITE 8  
KEY LARGO, FL 33037**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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  
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 #	NAME	STREET ADDRESS	
NAME	FRACK, WILLIAM A JR.	CITY-ST-ZIP	
STREET ADDRESS	24 DOCKSIDE LANE #59		
CITY-ST-ZIP	KEY LARGO, FL 33037		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	FRACK, LISA T	CITY-ST-ZIP	
STREET ADDRESS	24 DOCKSIDE LANE #59		
CITY-ST-ZIP	KEY LARGO, FL 33037		
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STREET ADDRESS			
CITY-ST-ZIP			

**600092353386**  
03/13/07 01023-024 \*\*500.00

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: x** *William A. Frack* **x** **2/1/07** **x** **305-367-9024**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE