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

## FILED Apr 05, 2007 08:00 All Secretary of State

DOCUMENT #A31055  1. Entity Name FLOYD S. DILLARD FAMILY LIMITED PARTNERSHIP				Secretary	of Sta
Principal Place 826 N. BAY EUSTIS, FL		Mailing Address 826 N. BAY EUSTIS, FL 32726			
DO NOT WRITE IN THIS SPACE				) <del>  </del>	pplied For lot Applicable Iditional
6. Name and Address of Current Registered Agent  DILLARD, FLOYD S M.D. 826 NORTH BAY  EUSTIS, FL 32726				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 sitle if applicable				DATE	
	FILE NOW! After May 1, 20	!! FEE IS \$500.00 07, 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 I			and the state of t	
DOCUMENT #  NAME  STREET ADDRESS  CITY-S1-ZIP	DILLARD, FLOYD S M.D. 826 NORTH BAY EUSTIS, FL			U00000692105 04/13/07-80038-004	4 500.00
DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP				DO NOT WRITE	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP					
14. I hereby of indicated	pertify that the information supplied with the on this report is true and accurate and the siver or trustee empowered to execute this	at my signature shall have the sam	e legal effect as if ma	d in Chapter 119, Florida Statutes. I further certify that the in ade under oath; that I am a General Partner of the limited p	information partnership

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: #

3/27/07

352-357-6500

Daylime Phone #