


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

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # A92000000245 1. Entity Name FORT FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 100 NORTH OAK AVENUE FT. MEADE, FL 33841	Mailing Address 100 NORTH OAK AVENUE FT. MEADE, FL 33841
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01252007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3155118	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

FORT, RICHARD A
100 NORTH OAK AVENUE
FT. MEADE, FL 33841

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 _____ 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

U00000611190
02/02/07-80051-005 500.00

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 STREET ADDRESS CITY-ST-ZIP	FORT, RICHARD A 100 NORTH OAK AVENUE FT. MEADE, FL 33841
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FORT, MARY V 100 NORTH OAK AVENUE FT. MEADE, FL 33841
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P92000011240 FORT MANAGEMENT COMPANY, INC. 100 NORTH OAK AVENUE FT. MEADE, FL 33841
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

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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: Mary V. Fort **1/27/07** **863 559 4273**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE