2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A93000001307

1. Entity Name
MANSON FAMILY PARTNERSHIP, LTD.

FILED
2007 APR 11 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
291 JAMAICA LANE PALM BEACH, FL 33480	291 JAMAICA LANE PALM BEACH, FL 33480

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
360 S Ocean Blvd		360 S Ocean Blvd	
Suite, Apt. #, etc.: 5B		Suite, Apt. #, etc.: 5B	
City & State: Palm Beach, FL		City & State: Palm Beach, FL	
Zip: 33480	Country: USA	Zip: 33480	Country:

04032007 Chg-LP CR2E003 (12/06)

4. FEI Number: 65-0465830 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRADEN, LISA 4623 FOREST HILL BLVD. WEST PALM BEACH, FL 33406	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 #		STREET ADDRESS	
NAME	MANSON, WILLIAM J JR		
STREET ADDRESS	360 S OCEAN BLVD #5B	CITY-ST-ZIP	
CITY-ST-ZIP	PALM BEACH, FL 33480		
DOCUMENT #		STREET ADDRESS	
NAME	MANSON, ANNE T		000096790020
STREET ADDRESS	360 S OCEAN BLVD #5B	CITY-ST-ZIP	04/13/07--01036--011 **500.00
CITY-ST-ZIP	PALM BEACH, FL 33480		
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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: William J. Manson — 4/3/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #