

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 11 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A93000001307	
1. Entity Name MANSON FAMILY PARTNERSHIP, LTD.	

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

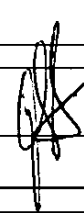
2. Principal Place of Business - No P.O. Box # 360 S Ocean Blvd	3. Mailing Address 360 S Ocean Blvd
Suite, Apt. #, etc. 5B	Suite, Apt. #, etc. 5B
City & State Palm Beach, FL	City & State Palm Beach, FL
Zip 33480	Country USA

	
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 BRADEN, LISA 4623 FOREST HILL BLVD. WEST PALM BEACH, FL 33406	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
STREET ADDRESS	MANSON, WILLIAM J JR	CITY-ST-ZIP
CITY-ST-ZIP	360 S OCEAN BLVD #5B PALM BEACH, FL 33480	
DOCUMENT #	NAME	STREET ADDRESS
STREET ADDRESS	MANSON, ANNE T	CITY-ST-ZIP
CITY-ST-ZIP	360 S OCEAN BLVD #5B PALM BEACH, FL 33480	
DOCUMENT #	NAME	STREET ADDRESS
STREET ADDRESS		CITY-ST-ZIP
CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS
STREET ADDRESS		CITY-ST-ZIP
CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS
STREET ADDRESS		CITY-ST-ZIP
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: William J. Manson 4/3/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE