

2007 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2007****FILED**
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # A96000001443	
1. Entity Name JAMES BROWN FAMILY LIMITED PARTNERSHIP	
Principal Place of Business 111 SUN LANE PANAMA CITY BEACH, FL 32413	Mailing Address P.O. BOX 219 VERNON, FL 32462



04112007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3389189	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**BROWN, JAMES J
111 SUN LANE
PANAMA CITY BEACH, FL 32413****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 title if applicable

DATE _____

**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	
DOCUMENT #	P96000049124
NAME	SAFEL, INC.
STREET ADDRESS	111 SUN LANE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000711009
04/25/07-80066-005 500.00**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

James J Brown **MARION BROWN** **4-12-07** **850-685-4681**