

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # A97000001295 1. Entity Name COX FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 7015 PROFESSIONAL PKWY E SARASOTA, FL 34240	Mailing Address 7015 PROFESSIONAL PKWY. E. SARASOTA, FL 34240
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03162007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0763479	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

COX, JOHN J
7015 PROFESSIONAL PKWY. E.
SARASOTA, FL 34240

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

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	P97000051969 BROTHERS THREE OF SARASOTA, INC. 7015 PROFESSIONAL PKWY. E. SARASOTA, FL 34240
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

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U000000677062
03/30/07-80090-009 500.00

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: Vanessa Sampson 3-16-07 941-907-9099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #