

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # A98000000980

1. Entity Name
EBERWEIN PARKS PARTNERSHIP, LLLP



Principal Place of Business
**123 WEST KING STREET
ORLANDO, FL 32804**

Mailing Address
**123 WEST KING STREET
ORLANDO, FL 32804**



01302007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3500833

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EBERWEIN, WALLACE P
123 WEST KING STREET
ORLANDO, FL 32804**

**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 #	
NAME	EBERWEIN, VIRGINIA D TRUSTEE
STREET ADDRESS	P.O. BOX 477 N/A
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
DOCUMENT #	
NAME	FOLCARELLI, ELIZABETH E
STREET ADDRESS	2960 N. TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
DOCUMENT #	
NAME	EBERWEIN, WALLACE P
STREET ADDRESS	123 WEST KING STREET
CITY-ST-ZIP	ORLANDO, FL 32804
DOCUMENT #	
NAME	WISE, ROSEMARY E
STREET ADDRESS	P.O. BOX 298476
CITY-ST-ZIP	WASILLA, AK 99629
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/07-80052-003 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

Wallace Eberwein **Wallace Eberwein**

2/9/07

321-432-4754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #