

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # A98000002245 1. Entity Name DICKS FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 608 FREDRICK AVENUE DUNDEE, FL 33838	Mailing Address P.O. DRAWER 1809 DUNNDEE, FL 33838
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01222007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3538234	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DICKS, RICHARD GARY 608 FREDRICK AVENUE DUNDEE, FL 33838	DO NOT WRITE IN THIS SPACE
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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	DICKS, LEONAS TRUSTEE
STREET ADDRESS	POST OFFICE DRAWER 1809
CITY-ST-ZIP	DUNDEE, FL 33838
DOCUMENT #	
NAME	DICKS, RICHARD GARY
STREET ADDRESS	POST OFFICE DRAWER 1809
CITY-ST-ZIP	DUNDEE, FL 33838
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000630385
02/20/07-80003-017 500.00

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 680, Florida Statutes

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

6 Feb 2007 (863) 439-1181

STAPLE CHECK HERE