

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # A99000002189 1. Entity Name ENGLISH FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 2075 WEST FIRST ST., STE. #300 LEHIGH ACRES, FL 33972	Mailing Address 921 GLENN AVENUE LEHIGH ACRES, FL 33972
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0970215	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ENGLISH, KATHERINE R 1833 HENDRY STREET FT MYERS, FL 33901
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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 _____
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FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00
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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.

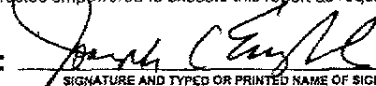
12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ENGLISH, J. EDWIN MR. 840 PORTERFIELD ROAD LABELLE, FL 33935
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ENGLISH, HUGH M MR. P.O. BOX 129 LABELLE, FL 33975
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ENGLISH, JOSEPH C MR. 921 GLENN AVENUE LEHIGH ACRES, FL 33972
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01/29/07-80029-019 500.00

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	1-10-07 239334 9191 Date Daytime Phone #
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