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

Principal Place of Business	Mailing Address
2075 WEST FIRST ST., STE. #300 LEHIGH ACRES, FL 33972	921 GLENN AVENUE LEHIGH ACRES, FL 33972

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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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	ENGLISH, J. EDWIN MR.
STREET ADDRESS	840 PORTERFIELD ROAD
CITY-ST-ZIP	LABELLE, FL 33935
DOCUMENT #	
NAME	ENGLISH, HUGH M MR.
STREET ADDRESS	P.O. BOX 129
CITY-ST-ZIP	LABELLE, FL 33975
DOCUMENT #	
NAME	ENGLISH, JOSEPH C MR.
STREET ADDRESS	921 GLENN AVENUE
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joseph C English 1-10-07 2393349191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #