2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A00000001351

DANIELS FAMILY HOLDINGS, LTD.



Principal Place of Business

9339 HAAS DR. HUDSON, FL 34669

STAPLE CHECK HERE

STREET ADDRESS CITY-ST-ZIP

Mailing Address.

26079 SO. HILLOCKBURN RD. ESTACADA, OR 97023

FILED Jan 19, 2007 08:00 AM **Secretary of State**



01072007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1036544

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOLTUN, JEFFREY M 557 NORTH WYMORE RD. SUITE 100 MAITLAND, FL 32751

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 Signeture, triped or printed name of registered agent and tritle if applicable.		
Signature, typed or printed name or registered agent and title applicable.		
File NoWill 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	DANIELS, STEWART A TRUSTEE	
STREET ADDRESS	9339 HAAS DR.	Hannancacacc
CITY-ST-ZIP	HUDSON, FL 34669	U00000598955 01/22/07-80052-007 508.75
DOCUMENT #		wat must be doubte but doubt to
NAME	SKOIEN, WANDA D TRUSTEE	
STREET ADDRESS	26079 SO. HILLOCKBURN RD.	
CITY-ST-ZIP	ESTACADA, OR 97023	
DOCUMENT #		
NAME		DO NOT WOITE
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		IN THIS SPACE
DOCUMENT #		IN THIS SPACE
NAME DEVICE ADDRESS		
STREET ADDRESS CITY-ST-ZIP		
DOCUMENT #		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		

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 epopowered to execute this report as required by Chapter 620, Florida Statutes

Stewart A. Daniels 1.50.67503 6304585 SIGNATURE: