


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Jan 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A96000000333</b>			
1. Entity Name <b>PEPIN FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>140 HAMMOCKS COURT WEST PALM BEACH FL 33413</b>		Mailing Address <b>140 HAMMOCKS COURT WEST PALM BEACH FL 33413</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>PEPIN, CAROL M 140 HAMMOCKS COURT WEST PALM BEACH FL 33413</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	



1st MOORE CR2E003 (10/06)

4. FEI Number **65-0642586** Applied For  
Not Applicable

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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	U00000603915
STREET ADDRESS	PEPIN, GEORGE E	CITY ST ZIP	01/25/07-80033-003 500.00
CITY ST ZIP	140 HAMMOCKS COURT WEST PALM BEACH FL 33413		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	PEPIN, CAROL M	CITY ST ZIP	
CITY ST ZIP	140 HAMMOCKS COURT WEST PALM BEACH FL 33413		
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CITY ST ZIP			

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:** Carol M Pepin Carol M Pepin Jan 18, 2007 (561) 439-4954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE