
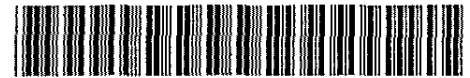


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**

DOCUMENT # A99000001224			
1. Entity Name HERREN FAMILY LIMITED PARTNERSHIP, LLLP			
Principal Place of Business 1251 AVOCET LANE ST. GEORGE ISLAND FL 32328		Mailing Address P.O. BOX 854 EASTPOINT FL 32328	
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



1st MOORE

CR2E003 (10/06)

4. FEI Number 59-3643195	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HERREN, ROBERT S 1251 AVOCET LANE ST. GEORGE ISLAND FL 32328		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable

DATE

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 CITY- ST- ZIP	HERREN, ROBERT S P.O. BOX 854 EASTPOINT FL 32328	* STREET ADDRESS CITY- ST- ZIP	000000617320 02/07/07-80069-022 500.00
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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:

R. S. HERREN
R. S. HERREN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-31-07 850927296

Date

Daytime Phone #