2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # A94000001880

1. Entity Name
WILLIAM R. AND THELMA L. CLONTS FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
C/O WILLIAM R. CLONTS 146 HILLCREST AVENUE OVIEDO, FL 32765	C/O WILLIAM R. CLONTS 146 HILLCREST AVENUE OVIEDO, FL 32765

DO NOT WRITE IN THIS SPACE

02142007 No Chg-LP CR2E003 (12/06)

4. FEI Number
59-3291461
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPEER, THOMAS A
113 MAGNOLIA AVENUE
SANFORD, FL 32771

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable

FILE NOW!! FEE IS $600.00
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	CLONTS, THELMA LEE
STREET ADDRESS	2702 LUST RD
CITY-ST-ZIP	APOPKA, FL 32703
DOCUMENT #	
NAME	
STREET ADDRESS	
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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: Thelma Lee Clonts 3-20-07 407 886 2490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #