

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED

2007 APR 30 AM 11:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



03032007 Chg-LP CR2E003 (12/06)

DOCUMENT # A00000000999			
1. Entity Name NANCY M. PHIPARD FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 1630 LANDS END ROAD MANALAPAN, FL 33462		Mailing Address 1630 LANDS END ROAD MANALAPAN, FL 33462	
2. Principal Place of Business - No P.O. Box # 550 So. Ocean Blvd Suite, Apt. #, etc. 305 E City & State Point Manalapan, FL		3. Mailing Address 550 So. Ocean Blvd Suite, Apt. #, etc. 305 E City & State Point Manalapan, FL	
Zip 33462	Country USA	Zip 33462	Country USA
4. FEI Number 65-1026953		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 PHIPARD, INC. 1630 LANDS END ROAD MANALAPAN, FL 33462		7. Name and Address of New Registered Agent Name Phipard, Inc. Street Address (P.O. Box Number is Not Acceptable) 550 So. Ocean Blvd, Apt 305 E City Point Manalapan, FL Zip Code 33462	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P00000057445 PHIPARD, INC. 1630 LANDS END ROAD MANALAPAN, FL 33462	STREET ADDRESS CITY - ST - ZIP	550 So. Ocean Blvd Apt 305 E Point Manalapan, FL 33462
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	600102636356 05/15/07--01047--013 **\$500.00
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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: <u>Nancy M. Phipard</u>		Date: <u>3/16/07</u> Daytime Phone #: <u>561-982-1536</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

STAPLE CHECK HERE!