

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

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # A0000001044 1. Entity Name THE DEGRAFF FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 1616 SE COLONY WAY JUPITER FL 33478	Mailing Address 1616 SE COLONY WAY JUPITER FL 33478
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E003 (10/06)

4. FEI Number 65-1025371	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARD B. DEGRAFF
1616 SE COLONY WAY
JUPITER FL 33478

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

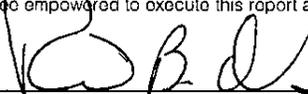
FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	DEGRAFF, NANCY A 1616 SE COLONY WAY JUPITER FL 33478
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	DEGRAFF, RICHARD B 1616 SE COLONY WAY JUPITER FL 33478
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	U00000692172 04/13/07-80040-021 500.00
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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:  / Richard B DeGraff 4/3/07 305 4954572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE