

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A00000001083

1. Entity Name
THE SARAH R. COLGROVE FAMILY PARTNERSHIP, LTD.



FILED

07 MAY 18 AM 9:42

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



Principal Place of Business
**10087 PEBBLE RIDGE DRIVE N
 JACKSONVILLE, FL 32220**

Mailing Address
**10087 PEBBLE RIDGE DRIVE N
 JACKSONVILLE, FL 32220**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

04262007 Chg-LP CR2E003 (12/06)

4. FEI Number
59-3655585

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLEMAN, C. RANDOLPH
 9250 BAYMEADOWS RD, STE 230
 JACKSONVILLE, FL 32256**

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 \$500.00
 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 #		STREET ADDRESS	500103604716
NAME	COLGROVE, SARAH R	CITY-ST-ZIP	05/31/07--01019--025 **475.00
STREET ADDRESS	10087 PEBBLE RIDGE DRIVE N		
CITY-ST-ZIP	JACKSONVILLE, FL 32220		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	04/20/07--01024--001 **25.00
STREET ADDRESS			
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STREET ADDRESS			
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:

John B Colgrove

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

05/07/07 (904) 334-4470

Date Daytime Phone #

STAPLE CHECK HERE