

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JAN 22 AM 9:24

<b>DOCUMENT # A00000001117</b> 1. Entity Name THE JOSALCA FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 970 WEDGEWOOD DRIVE, S.E. WINTER HAVEN, FL 33880			Mailing Address P.O. BOX 1445 WINTER HAVEN, FL 33882		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3658173	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  CARLTON, JOHN T 970 WEDGEWOOD DRIVE, S.E. WINTER HAVEN, FL 33880				7. Name and Address of New Registered Agent Name <u>CARLTON, SALLY L</u> Street Address (P.O. Box Number is Not Acceptable) <u>970 WEDGEWOOD DRIVE, SE</u> City <u>WINTER HAVEN</u> <u>FL</u> Zip Code <u>33880</u>	
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 <u>Sally L Carlton</u> <span style="float: right;">600086144186 01/24/07 01030 002 **500.00</span> <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME	CARLTON, JOHN T		STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS	970 WEDGEWOOD DRIVE, S.E.		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	WINTER HAVEN, FL 33880		STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME	CARLTON, SALLY L		STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS	970 WEDGEWOOD DRIVE, S.E.		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	WINTER HAVEN, FL 33880		STREET ADDRESS	CITY-ST-ZIP	
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CITY-ST-ZIP			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: <u>Sally L Carlton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
				Date _____ Daytime Phone # _____	

STAPLE CHECK HERE