


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

DOCUMENT # A00000001155			
1. Entity Name FRANZ FAMILY PARTNERSHIP, LTD.			
Principal Place of Business 160 ROSEHILL DR W TALLAHASSEE FL 32312		Mailing Address 160 ROSEHILL DR W TALLAHASSEE FL 32312	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 14 AM 9:55



1st MOORE CR2E003 (10/06)

4. FEI Number 59-3666670		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 FRANZ, SINCLAIR 3149 OLD U.S. ROAD MARIANNA FL 32446		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 _____	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAMI	STREET ADDRESS	
STREET ADDRESS	FRANZ, SINCLAIR	CITY ST ZIP	160 ROSEHILL DR W TALLAHASSEE FL 32312
CITY ST ZIP	3149 OLD U.S. ROAD MARIANNA FL 32446	STREET ADDRESS	160 ROSEHILL DR W TALLAHASSEE FL 32312
DOCUMENT #	NAMI	STREET ADDRESS	300088827729
STREET ADDRESS	FRANZ, ANGELA	CITY ST ZIP	02/21/07--01006--014 **500.00
CITY ST ZIP	3149 OLD U.S. ROAD MARIANNA FL 32446	STREET ADDRESS	
DOCUMENT #	NAMI	STREET ADDRESS	
STREET ADDRESS		CITY ST ZIP	
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DOCUMENT #	NAMI	STREET ADDRESS	
STREET ADDRESS		CITY ST ZIP	
CITY ST ZIP		STREET ADDRESS	

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:

K. H. H. H.

Feb 3, 2007

850 222 7407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE