


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT #A00000001167	
1. Entity Name SAND LAKE SHOPPES FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 849 WYMORE ROAD, SUITE 50-A ALTAMONTE SPRINGS, FL 32714	Mailing Address 849 WYMORE ROAD, SUITE 50-A ALTAMONTE SPRINGS, FL 32714
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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



01252007 Chg-LP CR2E003 (12/06)

4. FEI Number 52-2259049	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ABRIOLA, GARY 849 WYMORE ROAD, SUITE 50-A ALTAMONTE SPRINGS, FL 32714		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 *Gary Abriola* DATE 2/1/07
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 #	L00000008771	STREET ADDRESS	L000000633233
NAME	AVA MANAGEMENT LLC	CITY-ST-ZIP	02/21/07-80052-024 500.00
STREET ADDRESS	849 WYMORE ROAD, SUITE 50-A		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: *Anthony [Signature]* DATE 2/1/07 (407) 788-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE