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

## **DOCUMENT # A0000001247**

1. Entity Name

THE DEAN WATERS FAMILY PARTNERSHIP, LTD.



FILED Apr 13, 2007 08:00 A Secretary of State

Principal Place of Business

3811 UNIVERSITY BLVD. W.

21

JACKSONVILLE, FL 32217

Mailing Address

PO BOX 56644

JACKSONVILLE, FL 32241



04042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number Applied For S9-3655350 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLEMAN, C. RANDOLPH 9250 BAYMEADOWS RD SUITE 230 JACKSONVILLE, FL 32256 DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

OATE

FILE NOW!!! FEE 18 \$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
STAPLE CHECK HERE	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WATERS, DON M SR 14160 S.W. 69TH AVENUE MIAMI, FL 33158
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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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 employment to execute this report as required by Chapter 620, florida statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Oato

Daytime Phone #