


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

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # A00000001257 1. Entity Name BEST FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 1880 N CRYSTAL LAKE DR UNIT 45 LAKELAND FL 33801	Mailing Address 1880 N CRYSTAL LAKE DR UNIT 45 LAKELAND FL 33801
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E003 (10/06)

4. FEI Number 59-3665710	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 BEST, MARY L 1880 N CRYSTAL LAKE DR. UNIT 45 LAKELAND FL 33801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

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 #	BEST, MARY L	STREET ADDRESS	
NAME	1880 N CRYSTAL LAKE DR, SUITE 45	CITY-ST-ZIP	
STREET ADDRESS	LAKELAND FL 33801-5974		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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02/02/07-80051-009 500.00

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:

Mary L. Best GP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-27-07

Date

863-665-1699

Daytime Phone #

STAPLE CHECK HERE