

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000001305

Entity Name: FLAIG FAMILY, LTD.

**FILED**  
**Apr 27, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

7615 MITCHELL BLVD.  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2197  
NEW PORT RICHEY, FL 346562197

**New Mailing Address:**

FEI Number: 59-3692896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLAIG, GUNTHER  
7615 MITCHELL BLVD.  
NEW PORT RICHEY, FL 34655 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: FLAIG, GUNTHER  
Address: 7423 MITCHELL BLVD.  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JANICE E. METTA

CONT

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date