

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

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A00000001342**

1. Entity Name

**JOHN R. AND SALLY S. KRAMER FAMILY LIMITED PARTNERSHIP**



Principal Place of Business

**12620 COLLIER'S RESERVE DRIVE  
NAPLES, FL 34110**

Mailing Address

**12620 COLLIER'S RESERVE DRIVE  
NAPLES, FL 34110**



02102007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3686579**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KRAMER, JOHN R  
12620 COLLIER'S RESERVE DRIVE  
NAPLES, FL 34110**

**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.

DATE

**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

DOCUMENT #

NAME

**KRAMER, JOHN R TRUSTEE**

STREET ADDRESS

**12620 COLLIER'S RESERVE DRIVE**

CITY-ST-ZIP

**NAPLES, FL 34110**

DOCUMENT #

NAME

**KRAMER, SALLY S TRUSTEE**

STREET ADDRESS

**12620 COLLIER'S RESERVE DRIVE**

CITY-ST-ZIP

**NAPLES, FL 34110**

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CITY-ST-ZIP

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03/14/07-80027-020 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/3/07**  
Date

Daytime Phone #

STAPLE CHECK HERE