

2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A00000001346

FILED
Aug 27, 2007
Secretary of State

Entity Name: JAMES AND JACQUELINE PONCE FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

66 COMARES AVENUE
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

66 COMARES AVENUE
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-3676293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PONCE, DAVID M
5167 REDBIRD ROAD
ST AUGUSTINE, FL 32080 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: PONCE SR, JAMES A TRUSTEE

Address: 66 COMARES AVENUE

City-St-Zip: ST AUGUSTINE, FL 32080

Document #:

Name: PONCE, JACQUELINE S TRUSTEE

Address: 66 COMARES AVENUE

City-St-Zip: ST AUGUSTINE, FL 32080

ADDRESS CHANGES ONLY:

Address:

City-St-Zip:

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: JAMES A. PONCE SR.

Electronic Signature of Signing General Partner

08/27/2007

Date