

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 FEB -6 AM 10:51

DOCUMENT # A00000001823 1. Entity Name CYNTHIA STRICKLAND FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 7737 FERNBROOK WAY WINTER PARK, FL 32792			Mailing Address 7737 FERNBROOK WAY WINTER PARK, FL 32792		
2. Principal Place of Business - No P.O. Box # 1420 FAIRWAY OAKS DR.		3. Mailing Address P.O. BOX 940551			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CASSELBERRY FL		City & State MAITLAND FL		4. FEI Number NOT APPLICABLE	
Zip 32707	Country USA	Zip 32794	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRICKLAND, CYNTHIA S 7737 FERNBROOK WAY WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Cynthia Strickland</i></u> 1/31/2007 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	1420 FAIRWAY OAKS DR.	
STREET ADDRESS	7737 FERNBROOK WAY		CITY-ST-ZIP	CASSELBERRY, FL 32707	
CITY-ST-ZIP	WINTER PARK, FL 32792		STREET ADDRESS		
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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 empowered to execute this report as required by Chapter 620, Florida Statutes
 SIGNATURE: *Cynthia Strickland* 1/31/2007 407-672-1768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #