


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	
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Principal Place of Business 7737 FERNBROOK WAY WINTER PARK, FL 32792	Mailing Address 7737 FERNBROOK WAY WINTER PARK, FL 32792
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2. Principal Place of Business - No P.O. Box # 1420 FAIRWAY OAKS DR. Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 940551 Suite, Apt. #, etc.
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City & State CASSELBERRY FL Zip 32707 Country USA	City & State MAITLAND FL Zip 32794 Country USA
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01312007 Chg-LP CR2E003 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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
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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 *Cynthia Strickland* 1/31/2007
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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STRICKLAND, CYNTHIA S STREET ADDRESS 7737 FERNBROOK WAY CITY-ST-ZIP WINTER PARK, FL 32792	STREET ADDRESS 1420 FAIRWAY OAKS DR. CITY-ST-ZIP CASSELBERRY, FL 32707
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP

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 #

STAPLE CHECK HERE