

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 21, 2007 08:00 A
Secretary of State

DOCUMENT # A00000001999

1. Entity Name
THE JAMES A. ALDERMAN, JR. LIMITED PARTNERSHIP



Principal Place of Business
**712 32ND AVENUE WEST
PALMETTO, FL 34221**

Mailing Address
**PO BOX 567
PALMETTO, FL 34220**



02282007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1091599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALDERMAN, JAMES A JR.
712 32ND AVENUE WEST
PALMETTO, FL 34221**

**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
ALDERMAN, JAMES A JR.
STREET ADDRESS
712 32ND AVENUE WEST
CITY-ST-ZIP
PALMETTO, FL 34221

DOCUMENT #

NAME
CODDINGTON-ALDERMAN, MARIBEL TRUSTEE
STREET ADDRESS
712 32ND AVENUE WEST
CITY-ST-ZIP
PALMETTO, FL 34221

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #

NAME
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DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

U00000676890
03/30/07-80071-014 500.00

**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

Date

Daytime Phone #

STAPLE CHECK HERE