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

FILED Apr 16, 2007 08:00 AM Secretary of State

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1. Entity Name

G.F. AND MARY ELLEN WARD FAMILY LIMITED **PARTNSHIP**



Principal Place of Business 2082 WARD'S OFFICE LANE

Mailing Address

AVON PARK, FL 33825

P.O. BOX 850 AVON PARK, FL 33825



DO NOT WRITE IN THIS SPACE

03232007 No Chg-LP CR2E003 (12/06)

Applied For 4. FEI Number 65-0700789 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

WARD, MARCIA L 2082 WARD'S OFFICE LANE AVON PARK, FL 33825

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its regions of registered agent.	jistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE -	Signature, lyped or printed name of registered agent and title if applicable.	DATE
	FILE NOWIII FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	0
		TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT / NAME STREET ADDRESS	BARBER, DEBORAH A	Hoococarooo
CITY-ST-ZIP	2082 WARD'S OFFICE LANE AVON PARK, FL 33825	U00000712804 04/26/07-80051-008 500.00
DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP	WARD, MARCIA L 2082 WARD'S OFFICE LANE AVON PARK, FL 33825	0 11 251 51 50502 555 555455
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14. I hereby certify that the information supplied with this filling 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 pepor as required by Chapter 620, Florida Statutes