

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR -9 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000330

1. Entity Name
BRIAN V. CROSS FAMILY PARTNERSHIP, LTD.



Principal Place of Business
**11075 CONISTON WAY
WINDERMERE, FL 34876**

Mailing Address
**11075 CONISTON WAY
WINDERMERE, FL 34876**

2. Principal Place of Business - No P.O. Box #
1055 EDMISTON PLACE
Suite, Apt. #, etc.

3. Mailing Address
1055 EDMISTON PLACE
Suite, Apt. #, etc.



04022007 Chg-LP CR2E003 (12/06)

City & State
LONGWOOD, FL
Zip Country
32779

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LONGWOOD, FL
Zip Country
32779

4. FEI Number
59-3708149

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CROSS, BRIAN V
11075 CONISTON WAY
WINDERMERE, FL 34876**

7. Name and Address of New Registered Agent
Name
DONNA L. DRAVES, ESQ
Street Address (P.O. Box Number is Not Acceptable)
120 EAST CONCORD ST
City
ORLANDO FL Zip Code
32801

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 *Donna L. Draves Esq.* **DONNA L. DRAVES** **4/2/07**
Signature, typed or printed name of registered agent and fee 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 # **P00000086649**
NAME **A.I.J. & B., INC.**
STREET ADDRESS **11075 CONISTON WAY**
CITY-ST-ZIP **WINDERMERE, FL 34786**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **1055 EDMISTON PLACE**
CITY-ST-ZIP **LONGWOOD, FL 32779**

STREET ADDRESS **000097227370**
CITY-ST-ZIP **04/17/07--01045--007 **500.00**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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

By: *Geraldine L. Cross* **GERALDINE L. CROSS** **4-2-07** **(407) 862-3057**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE