

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A01000000375

1. Entity Name
ALLMON FAMILY LIMITED PARTNERSHIP



Principal Place of Business
9400 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32962

Mailing Address
301 SUFT DR
CAPE CANAVERAL, FL 32920

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P O Box 1626

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Cape Canaveral FL

Zip

Country

Zip
32920

Country

USA

03102007

Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3705627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASARCH, STEVEN J ESQUIRE
SUITE 400 EAST
1900 N.W. CORPORATE BOULEVARD
BOCA RATON, FL 33431

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

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 # **P00000111772**
NAME **ALLMON FAMILY ENTERPRISES, INC.**
STREET ADDRESS **9400 S. TROPICAL TRAIL**
CITY - ST - ZIP **MERRITT ISLAND, FL 32962**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

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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: *Barbara A. Campbell* **Barbara A. Campbell**
VP/Secy, Allmon Family Enterprises Inc **3/10/2007**
321-784-6591

FILED

2007 MAR 19 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

