


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # A01000000506

1. Entity Name
 RALPH AND ALDA PRIEP FAMILY LIMITED
 PARTNERSHIP



Principal Place of Business
 4505 S. SHORE ROAD
 ORLANDO, FL 32839

Mailing Address
 4505 S. SHORE ROAD
 ORLANDO, FL 32839

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01102007 Chg-LP CR2E003 (12/06)

4. FEI Number
 59-3747070

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PRIEP, KAREN
 4505 S. SHORE ROAD
 ORLANDO, FL 32839

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 *Karen Priep* DATE 2-30-07

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 #	PRIEP, ROBT	STREET ADDRESS	
NAME	4625 TAMWORTH COURT	CITY-ST-ZIP	
STREET ADDRESS	ORLANDO, FL 32839		
CITY-ST-ZIP			
DOCUMENT #	PRIEP, ALDA	STREET ADDRESS	
NAME	4505 S. SHORE ROAD	CITY-ST-ZIP	000000688319
STREET ADDRESS	ORLANDO, FL 32839		04/10/07-80076-004 500.00
CITY-ST-ZIP			
DOCUMENT #	PRIEP, KAREN	STREET ADDRESS	
NAME	4505 S. SHORE DRIVE	CITY-ST-ZIP	
STREET ADDRESS	ORLANDO, FL 32839		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: *Karen Priep* DATE 2-30-07 407/902-1237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #