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

DOCUMENT # A01000000841

1. Entity Name
THE WALTER G. MILLS FAMILY PARTNERSHIP, L.L.L.P.



FILED
May 01, 2007 08:00 AM
Secretary of State

Principal Place of Business

3301 WHITFIELD AVENUE SARASOTA, FL 34243

Mailing Address

3301 WHITFIELD AVENUE SARASOTA, FL 34243



## DO NOT WRITE IN THIS SPACE

03082007 No Chg-LP CF

CR2E003 (12/06)

4. FEI Number 59-3727984

Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, STEVEN E 3301 WHITFIELD AVENUE SARASOTA, FL 34243

STAPLE CHECK HERE

011Y - S1 - ZIP

## DO NOT WRITE IN THIS SPACE

		IN IMIS 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 talls 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.		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION  MILLS, WALTER G TRUSTEE  3301 WHITFIELD AVENUE  SARASOTA, FL 34243	
DOCUMENT # NAME STREET ADDRESS CITY - ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		800000752610 05/21/07-80023-002 500.00
DOCUMENT / NAME STREET ADDRESS		

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 report as required by Chapter 620. Florida Statutes

SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayor