## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

## FILED Feb 11, 2008 08:00 AM Secretary of State

Due By May 1, 2008				Feb 11, 2008 08:0		
DOCUMENT # A0100000852  1. Entity Name THE 71 FAMILY PARTNERSHIP, LTD.						Secretary of S
Principal Place of Business 4155 ST.JOHNS PKWY., STE. 2000 SANFORD, FL 32771  Mailing Address 4155 ST.JOHNS PKWY., STE. 2 SANFORD, FL 32771  SANFORD, FL 32771			2000	 	1 (III) <b>75</b> (II <b>Da</b> iy <b>83</b> (I	r dann aðir aðiri í þjór filkf hlædi át 182)
` Д	O NOT WRIT	CE	01182008 No 4. FEI Number 03-038070 5. Certificate of S	Chg-LP	CR2E003 (12/06)  Applied For Not Applicable  \$8.75 Additional Fee Required	
	6. Name and Address of Curr	ent Registered Agent				
BREWER, DAVID B 4155 ST. JOHNS PKWY., STE. 2000 SANFORD, FL 32771					IOT W HIS SF	
the obligat	named entity submits this statemer ions of registered agent.	it for the purpose of changing its regist	ered affice or register	ed agent, or both, in	the State of Flo	orida. I am familiar with, and accept
SIGNATURE						DATE
	FILE N After May 1	OW!!! FEE IS \$500.00 , 2008, Fee will be \$900.00				
		R THAT IS A BUSINESS ENTITY MAY NOT be changed on the fo				
12.	GENERAL PART	NER INFORMATION				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L01000008885 BREWER OPERATING COM 4155 ST. JOHNS PARKWAY, SANFORD, FL 32771	· ·				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					00000 02/20/03	00823550 3-80044-001 500.00
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #				IN TH	IS SPA	ACE
UTREET ADDRESS						

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 cath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to the containing the containing the containing the containing 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 cath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to the containing 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 cath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to the limited partnership or the receiver or trustee empowered to the limited partnership or the receiver or trustee empowered to the limited partnership or the receiver or trustee empowered to the limited partnership or the receiver or trustee empowered to the limited partnership or the receiver of the limited partnership or the receiver of the limited partnership or the receiver or trustee empowered to the limited partnership or the receiver of the limited partnership or the limited part

SIGNATURE

STAPLE CHECK HERE

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPICO OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/1/08

407-330-9901

Date

Daylime Phone #