2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A01000001045

1. Entity Name
STUMPF FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
7620 MASS AVE NEW PORT RICHEY, FL 34653	7620 MASSACHUSETTS AVENUE NEW PORT RICHEY, FL 34653

DO NOT WRITE IN THIS SPACE

01042007 No Chg-LP   CR2E003 (12/06)

4. FEI Number	Applied For
59-3734906	Not Applicable

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

6. Name and Address of Current Registered Agent

GILMORE, DAVID C
7620 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34653

DO NOT WRITE IN THIS 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.

U000000597934
01/24/07--80056-001 500.00

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 #	P01000064285
NAME	STUMPF HOLDINGS INC
STREET ADDRESS	2727 N. HIGHWAY A1A, APT. #502
CITY-ST-ZIP	INDIALANTIC, FL 32903

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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: _____   1/18/07   314 713-9710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

STAPLE CHECK HERE