


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

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A01000001127</b> 1. Entity Name VERMILION FAMILY PARTNERSHIP, LLLP	
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Principal Place of Business 3802 WEST DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33614	Mailing Address 3802 WEST DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33614
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02062007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3754119	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  INTRASTATE RESREGISTERED AGENT CORPORATION 701 BRICKELL AVE., SUITE 3000 MIAMI, FL 33131-3209
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**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 #	P01000083240
NAME	VERMILION ENTERPRISES, INC.
STREET ADDRESS	3802 WEST DR. MARTIN LUTHER KING JR. BLVD.
CITY-ST-ZIP	TAMPA, FL 33614
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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05/21/07-80025-023 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:**  **4/26/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #