


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

<b>DOCUMENT # A01000001326</b>			
1. Entity Name <b>EARL M. LOVELACE, SR. AND BEATRICE LOVELACE FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>7911 HARNEY ROAD TAMPA FL 33637</b>		Mailing Address <b>7911 HARNEY ROAD TAMPA FL 33637</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State  Zip Country		City & State  Zip Country	

**FILED**

2007 APR 23 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

4. FEI Number <b>AP-PLIED FOR</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>HOBBS, ROBERT S 3719 SWANN AVENUE TAMPA FL 33609</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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.

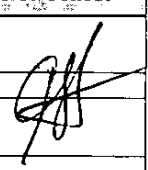
SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	NAME	STREET ADDRESS	
STREET ADDRESS	LOVELACE, BEATRICE	CITY - ST - ZIP	
CITY - ST - ZIP	7911 HARNEY ROAD TAMPA FL 33637		
DOCUMENT #	NAME	STREET ADDRESS	900101351699
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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: *x Beatrice Lovelace*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-13-07