


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

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # A01000001542		
1. Entity Name FAMILY TREE ENTERPRISES LIMITED PARTNERSHIP, LLLP		

Principal Place of Business 10,000 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972	Mailing Address 10,000 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



4. FEI Number 65-1151242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LARSON, LOUIS E JR. 10,000 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	LARSON, LOUIS E JR. 10,000 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972	STREET ADDRESS	000000649944 03/07/07-80072-008 500.00
NAME			
STREET ADDRESS			
CITY ST ZIP			
DOCUMENT #	LARSON, GRACE ANN 10,000 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY ST ZIP			

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: Grace Larson 2/28/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE