

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

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # A01000001630 1. Entity Name STOKES FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 503 N. CAUSEWAY APARTMENT 503 NEW SMYRNA BEACH FL 32169	Mailing Address PO BOX 1345 NEW SMYRNA BEACH FL 32170
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/06)

4. FEI Number 22-3851011	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 HODSON, DOUGLAS 503 N. CAUSEWAY APARTMENT 503 NEW SMYRNA BEACH FL 32169	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 #	HODSON, DOUGLAS D SR.	STREET ADDRESS	
NAME	P.O. BOX 1345	CITY-ST-ZIP	
STREET ADDRESS	NEW SMYRNA BEACH FL 32170		
CITY-ST-ZIP			
DOCUMENT #	BACHMANN, LAUREN ANN	STREET ADDRESS	U00000626741
NAME	6176 LOCUST HILL RD.	CITY-ST-ZIP	02/15/07-80033-022 500.00
STREET ADDRESS	DAYTON OH 45459		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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: Douglas D. Hodson Sr. **2/5/07** ⁽³⁸⁶⁾ **235-3865**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE