


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

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**


DOCUMENT # A01000001646  
 1. Entity Name  
 THE ARLIN TAYLOR RANCH LIMITED PARTNERSHIP



Principal Place of Business  
 11855 TAYLOR GRADE ROAD  
 DUETTE, FL 33834

Mailing Address  
 11855 TAYLOR GRADE ROAD  
 DUETTE, FL 33834

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LP CR2E003 (12/06)

4. FEI Number 22-3850249	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

TAYLOR, ARLIN  
 11855 TAYLOR GRADE ROAD  
 DUETTE, FL 33834

**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**

U00000668245  
 03/27/07-80021-011 500.00

**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 #	
NAME	TAYLOR, ARLIN TRUSTEE
STREET ADDRESS	11855 TAYLOR GRADE ROAD
CITY - ST - ZIP	DUETTE, FL 33834
DOCUMENT #	
NAME	TAYLOR, ELEANOR I TRUSTEE
STREET ADDRESS	11855 TAYLOR GRADE ROAD
CITY - ST - ZIP	DUETTE, FL 33834
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: Arlin Taylor Arlin Taylor 3-13-07 (941)776-1421  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #