


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

DOCUMENT # A02000000089						FILED	
1. Entity Name CARRON FAMILY LIMITED PARTNERSHIP							
Principal Place of Business 233 W. WATERS AVE. TAMPA FL 33604				Mailing Address 233 W. WATERS AVE. TAMPA FL 33604			
2. Principal Place of Business - No P.O. Box # 17125 Orangewood Dr				3. Mailing Address 17125 Orangewood Dr			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Lutz, FL				City & State Lutz, FL			
Zip 33548		Country Hills		Zip 33548		Country Hills	
4. FEI Number 03-0379827				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 LEFLOCH, EUGENE M ESQ 1311 N. WESTSHORE BLVD. SUITE 205 TAMPA FL 33607 <i>Eugene LeFloch</i>				7. Name and Address of New Registered Agent 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 <i>Eugene LeFloch</i> DATE <u>3/23/07</u> <small>Signature, typed or printed name of registered agent and fee if applicable.</small> <u>Eugene LeFloch</u>							
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 CITY ST ZIP CARRON, LOUIS J SR. 17125 ORANGEWOOD DRIVE LUTZ FL 33548				STREET ADDRESS CITY ST ZIP			
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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: <i>Louis J Carron Jr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <u>LOUIS J CARRON JR</u>				DATE <u>3-23-07</u> <u>813-949-3761</u> <small>Daytime Phone #</small>			

STAPLE CHECK HERE