2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007 DOCUMENT # A0200000349** THE VAN BLERKOM FAMILY PARTNERSHIP, L.L.L.P. Principal Place of Business Mailing Address 419 WALLS WAY 419 WALLS WAY OSPREY, FL 34229 OSPREY, FL 34229 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent VAN BLERKOM, RICHARD 419 WALLS WAY OSPREY, FL 34229

FILED Apr 18, 2007 08:00 All Secretary of State

Fee Required



01082007 No Chg-LP CR2E003 (12/06) Applied For 4. FEI Number Not Applicable 01-0630799 \$8.75 Additional 5. Certificate of Status Desired

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 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # NAME VAN BLERKOM, RICHARD STREET ADDRESS 419 WALLS WAY CITY-ST-ZIP OSPREY, FL 34229 DOCUMENT # NAME VAN BLERKOM, ELAINE STREET ADDRESS 419 WALLS WAY CITY - ST - ZIP OSPREY, FL 34229 DOCUMENT # MARIE DO NOT WRITE STREET ADDRESS CITY-SI-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCHMENT # U000000715740 MAME STREET ADDRESS CHTY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

hereby certify that the information supplied with this filling 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