


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A02000000425			
1. Entity Name ALLMON FAMILY INVESTMENT PARTNERSHIP, LTD.			
Principal Place of Business 9400 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952		Mailing Address 301 SURF DR CAPE CANAVERAL, FL 32920	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P O Box 1626	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Cape Canaveral FL	
Zip	Country	Zip 32920	Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03102007 Chg-LP CR2E003 (12/06)

4. FEI Number 01-0663312	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

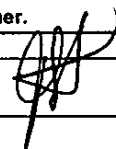
6. Name and Address of Current Registered Agent ASARCH, STEVEN J ESQ. 1900 N.W. CORPORATE BOULEVARD, SUITE 400 E BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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 \$500.00
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 #	P00000111772	STREET ADDRESS	
NAME	ALLMON FAMILY ENTERPRISES, INC.	CITY - ST - ZIP	
STREET ADDRESS	9400 S. TROPICAL TRAIL		
CITY - ST - ZIP	MERRITT ISLAND, FL 32962		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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STREET ADDRESS			
CITY - ST - ZIP			

100095168231
03/28/07--01033--022 **500.00

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: *Barbara A. Campbell* **Barbara A. Campbell** **3/10/2007**
VP/Secy, Allmon Family Enterprises Inc **321-784-6591**