


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

**FILED**  
**Mar 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000755</b>			
1. Entity Name <b>THE FITCH FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>C/O BONNIE J. ZACHER 1360 S.W. 12TH TERRACE BOCA RATON FL 33486</b>		Mailing Address <b>C/O BONNIE J. ZACHER 1360 S.W. 12TH TERRACE BOCA RATON FL 33486</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent <b>ZACHER, BONNIE 1360 SW 12TH TERRACE BOCA RATON FL 33486</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>Bonnie J. Zacher</i> DATE: <i>3/23/07</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			

**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 #		STREET ADDRESS	
NAME	<b>FITCH, DOROTHY J</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>3001 DEER CREEK COUNTRY CLUB BLVD., #253</b>		
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>ZACHER, BONNIE J</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1360 S.W. 12TH TERRACE</b>		<b>000000684517</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>		<b>04/06/07-80032-025 500.00</b>
DOCUMENT #		STREET ADDRESS	
NAME	<b>ROZOVICS, KATHRYN A</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>301 PARK AVENUE</b>		
CITY-ST-ZIP	<b>PRAIRIE DU SAC WI 53578</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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:** *Bonnie J. Zacher* *Bonnie J. Zacher* *3/23/07* *561-393-0085*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

PLEASE CHECK HERE