

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

FILED

**Feb 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # A02000001074

1. Entity Name

BAGLEY DEVELOPMENT PARTNERSHIP, LTD.



Principal Place of Business

**4404 S. FLORIDA AVE., STE. #2
LAKE LAND FL 33813**

Mailing Address

**4404 S. FLORIDA AVE., STE. #2
LAKE LAND FL 33813**

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

4. FEI Number

59-3355184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E003 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANCASTER, JOHN J
500 SOUTH FLORIDA AVENUE, SUITE 800
LAKE LAND FL 33801**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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
**P02000085394
BAGLEY ENTERPRISES, INC.
4200 FOREST HILLS DRIVE
LAKE LAND FL 33813**

STREET ADDRESS
CITY- ST- ZIP
**U00000621938
02/13/07-800006-001 500.00**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Linda Bagley Wiggins

Date

Daytime Phone #

STAPLE CHECK HERE