

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000001176 1. Entity Name MORRIS D. ANDERSON FAMILY PARTNERSHIP, LLLP	
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Principal Place of Business 10700 BRONSON ROAD CLERMONT, FL 34711	Mailing Address PO BOX 120430 CLERMONT, FL 34712
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DO NOT WRITE IN THIS SPACE



01132007 No Chg-LP CR2E003 (12/06)

4. FEI Number 52-2384455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANDERSON, MORRIS D 10700 BRONSON ROAD CLERMONT, FL 34711
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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.

SIGNATURE Morris D. Anderson Morris D. Anderson 1-13-07
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	U00000611146 02/02/07-80049-013 500.00
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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	
DOCUMENT #	
NAME	ANDERSON, KERRY J
STREET ADDRESS	18230 CYPRESS COVE ROAD
CITY-ST-ZIP	LUTZ, FL 33549
DOCUMENT #	
NAME	ANDERSON, JODI M
STREET ADDRESS	P.O. BOX 268
CITY-ST-ZIP	CASSADAGA, FL 32706
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Jodi M. Anderson Jodi M. Anderson 1-13-07 352-394-2309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE