

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
07 FEB 23 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A02000001300

1. Entity Name  
BACKHAND ASSOCIATES, LLLP



Principal Place of Business  
240 S. PINEAPPLE AVENUE, 10TH FL  
SARASOTA, FL 34236

Mailing Address  
PO BOX 49948  
SARASOTA, FL 34230-6948



02012007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
54-2075630

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BAND, DAVID S  
240 S. PINEAPPLE AVENUE, 10TH FL  
SARASOTA, FL 34236

**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

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**

**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  
STREET ADDRESS  
CITY-ST-ZIP  
BAND, DAVID S  
240 S. PINEAPPLE AVENUE, 10TH FL  
SARASOTA, FL 34236

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MCCOMB, WILLIAM E  
240 S. PINEAPPLE AVENUE, 10TH FL  
SARASOTA, FL 34236

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700089613217  
02/27/07--01057--005 \*\*500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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

Date

Daytime Phone #