

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000001308

1. Entity Name
EEDV FAMILY LIMITED PARTNERSHIP, LTD.



Principal Place of Business Mailing Address
6150 DIAMOND CENTER CT, STE 1201, BLDG 1200 FORT MYERS, FL 33912 **6150 DIAMOND CENTER CT, STE 1201, BLDG 1200 FORT MYERS, FL 33912**

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

02212007 Chg-LP CR2E003 (12/06)

4. FEI Number **52-2385594** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEL VALLE, EMILIO
6150 DIAMOND CENTER CT, STE 1201, BLDG 1200
FORT MYERS, FL 33912

7. Name and Address of New Registered Agent

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 \$500.00
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 **DEL VALLE, EMILIO**
STREET ADDRESS **6150 DIAMOND CENTER CT, STE 1201, BLDG 1200**
CITY-ST-ZIP **FORT MYERS, FL 33912**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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DOCUMENT #

NAME

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: ✓

EMILIO DEL VALLE

239-277-7666

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE