

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

DOCUMENT # A02000001390			
1. Entity Name HAROMY FAMILY LIMITED PARTNERSHIP, LLLP			
Principal Place of Business 1576 PARKS LAKE ROAD LAKE WALES FL 33853		Mailing Address 1576 PARKS LAKE ROAD LAKE WALES FL 33853	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33898	Country USA	Zip 33898	Country USA

FILED

2007 MAR -7 AM 10:39

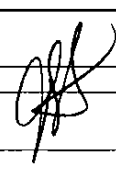


1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent HAROMY, JOHN C 1576 PARKS LAKE ROAD LAKE WALES FL 33853 33898		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		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	HAROMY, JOHN C 1576 PARKS LAKE ROAD LAKE WALES FL 33853 33898	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	HAROMY, BARBARA H 1576 PARKS LAKE ROAD LAKE WALES FL 33853 33898	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	WOLTMANN, KATHERINE H 1576 PARKS LAKE ROAD LAKE WALES FL 33853 33898	STREET ADDRESS CITY - ST - ZIP	
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03/13/07--01020--021 **500.00**

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:  **John C. Haromy**

2/26/07

(863) 696-1697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE