


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000001640					
1. Entity Name H.L. CULBREATH FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 762 CORAL REEF DR. TAMPA, FL 33602			Mailing Address 762 CORAL REEF DR. TAMPA, FL 33602		
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 57-1141810	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CULBREATH, H. LEE 762 CORAL REEF DR. TAMPA, FL 33602				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 				DATE 1-15-07	
Signature, typed or printed name of registered agent and title if applicable					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	000000593958	
NAME	CULBREATH, H. LEE III		CITY-ST-ZIP	01/22/07-80052-010 508.75	
STREET ADDRESS	762 CORAL REEF DR.				
CITY-ST-ZIP	TAMPA, FL 33602				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	CULBREATH HELLER, KAY		CITY-ST-ZIP		
STREET ADDRESS	2308 WYOMING AVENUE NW				
CITY-ST-ZIP	WASHINGTON, DC 20008				
DOCUMENT #	NAME		STREET ADDRESS		
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NAME			CITY-ST-ZIP		
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: 				DATE 1-15-07 813-210-4249	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #	

STAPLE CHECK HERE