


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

DOCUMENT # <b>A03000000324</b>		
1. Entity Name <b>MELVIN O. CARTER FAMILY LIMITED PARTNERSHIP</b>		

Principal Place of Business <b>1275 COUNTY ROAD 210 WEST JACKSONVILLE FL 32259</b>	Mailing Address <b>1275 COUNTY ROAD 210 WEST JACKSONVILLE FL 32259</b>
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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

**FILED**  
2007 APR 30 AM 10:17



1st MOORE CR2E003 (10/06)

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CARTER, MELVIN O 1275 COUNTY ROAD 210 WEST JACKSONVILLE FL 32259</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	<b>P02000008996 MELVIN &amp; SHERAN CARTER FAMILY CORPORATION 1275 COUNTY ROAD 210 WEST JACKSONVILLE FL 32259</b>	STREET ADDRESS CITY - ST - ZIP	
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**JOB #**  
**APPROVED**  
**DATE**  
**ACCT. #**  
**DEPT. #**  
**DATE POSTED**

**400101971564**  
**05/09/07--01045--005 \*\*\$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**  **Melvin O. Carter** **04/23/07** **904-826-0101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE