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

**FILED** Jan 17, 2007 08:00 AM Secretary of State

| DOCLIN        | AFNIT #      | A030000 | <b>)</b> 00577 |
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1. Entity Name

TEW FAMILY LIMITED PARTNERSHIP



Principal Place of Business

Mailing Address

2100 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444

2100 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444



DO NOT WRITE IN THIS SPACE

01122007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 61-1446223

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEW, MARILYN 2100 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444

## 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 tamiliar with, and accept |
|----|--|------------------------------|
|    | the obligations of registered agent.   |                              |
|    |  |                              |
|    |  |                              |

SIGNATURE

Signature, typed or printed name of registered agent and little if applicable.

<del>U0000058**5**150</del> |D1/18/07-80029-009 500.00

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           | TEW, MARILYN  |
|            | STREET ADDRESS | 2100 COUNTRY CLUB DRIVE   |
|            | CITY-ST-ZIP    | LYNN HAVEN, FL 32444  |
|            | DOCUMENT #     |   |
|            | NAME           |   |
|            | STREET ADDRESS |   |
| _          | CITY-\$T-ZIP   |   |
| 1          | OOCUMENT #     |   |
| - 1        | NAME           |   |
| 1          | STREET ADDRESS |   |
|            | CITY-ST-ZIP    |   |
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|            | DOCUMENT /     |   |
| ۱ څ        | NAME           |   |
| ٦          | STREET ADDRESS |   |
|            | CITY-ST-ZIP    |   |
| ı          | 14. i hereby   | certify that the information supplied with this filing does not qualify for |

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filling 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 OF PRINTED NAME OF SIGNING GENERAL PARTNER