2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A03000000672

1. Entity Name

THE FIRST MOLT FAMILY LIMITED PARTNERSHIP



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

Principal Place of Business 1235 NORTH FLORIDA AVE. TARPON SPRINGS, FL 34689 Mailing Address

1235 NORTH FLORIDA AVE. TARPON SPRINGS, FL 34689



01122007 No Chg-LP

CR2E003 (12/06)

4. FEI Number		Applied For
05-0566950		Not Applicable
5. Certificate of Status Desired	\$8.75 Additional	

6. Name and Address of Current Registered Agent

DRIS, MICHAEL E ESQUIRE 29 NORTH PINELLAS AVENUE TARPON SPRINGS, FL 34689

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	its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
the obligations of registered agent.	•			
OLO MATURE.	·			
SIGNATURE Signature, lyped or printed name of registered agent and title lif 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 A NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed				

٠]	12.	GENERAL PARTNER INFORMATION
	DOCUMENT # NAME	L03000014350 MDLT, LLC
- 1	STREET ADDRESS	1200 1101 1101 1101 1101 1101
١	CITY-ST-ZIP	TARPON SPRINGS, FL 34689
١	DOCUMENT #	
	NAME	
ļ	STREET ADDRESS	
-1	CITY-ST-Z/P	
	DOCUMENT #	
ĺ	NAME	
┨	STREET ADDRESS	
1	CITY-ST-ZIP	
ĺ	DOCUMENT #	
	NAME	
اں	STREET ADDRESS	
	CITY-ST-ZIP	
	DOCUMENT #	
ן כַּ	NAME	
להרט	STREET ADDRESS	
1	CITY+ST-ZIP	
SIAPLE	DOCUMENT #	
21/	NAME	
	* STREET ADDRESS	

DO NOT WRITE IN THIS SPACE

14. 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 expowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

1.12.07

727-937-7220

Daytime Phon