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

#### DOCUMENT # A03000000818

1. Entity Name
MARY R. LAMAR FAMILY LIMITED PARTNERSHIP



KOHIP

Principal Place of Business 400 W. MORSE BLVD Mailing Address

WINTER PARK, FL 32789

P.O. BOX 3350 WINTER PARK, FL 32790 FILED Apr 27, 2007 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

03292007 No Chg-LP

CR2E003 (12/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINEGAR, CRAIG A ESQ WINDERWEEDLE HAINES WARD & WOODMAN, P.A. 250 PARK AVENUE SOUTH, 5TH FL WINTER PARK, FL 32789

## DO NOT WRITE IN THIS SPACE

Signature, typed or printed name of registered agent and title if applicable.		DATE
SIGNATURE	1	
the obligations of registered agent.		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot	h, in the State of Florida.	I am familiar with, and accept

#### 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 LAMAR, MARY R STREET ADDRESS P.O. BOX 3350 CITY-ST-ZIP WINTER PARK, FL 32790 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

U00000739405 05/14/07-80025-022 500.00

# 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 empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** 

CITY-ST-ZIP

DOCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP
COCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP

Nary C. Sanyar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/57

407-644-9416

Date

Daytime Phone #