


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

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # A03000000852	
1. Entity Name HARRY B. JAMES AND MILDRED F. JAMES, LTD.	

Principal Place of Business 111 FLORIDA AVE LYNN HAVEN FL 32444	Mailing Address P.O. BOX 1037 PANAMA CITY FL 32402
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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

1st MOORE CR2E003 (10/06)

4. FEI Number 20-0657802		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES, MILDRED F 111 FLORIDA AVE LYNN HAVEN FL 32444		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 Mildred F. James Jan. 22, 2007
Signature, typed or printed name of registered agent and file it separately Date

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 #	JAMES, MILDRED F	SHEET ADDRESS	U000000603976
NAME	111 FLORIDA AVE	CITY ST ZIP	01/29/07-80033-025 500.00
STREET ADDRESS	LYNN HAVEN FL 32444		
CITY ST ZIP			
DOCUMENT #		SHEET ADDRESS	
NAME		CITY ST ZIP	
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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: Mildred F. James Jan. 22, 2007 (850) 248-0712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone 4

STAPLE CHECK HERE