

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

**DOCUMENT # A03000001259**

1. Entity Name  
**THE MANDER FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**14402 OLD MISSION ROAD  
DADE CITY, FL 33525**

Mailing Address  
**14402 OLD MISSION ROAD  
DADE CITY, FL 33525**

**FILED**

**07 FEB 26 AM 9:37**

**DEPUTY CLERK OF COURT  
TALLAHASSEE, FLORIDA**



01072007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0846574**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~DWYEROND, DANIEL L~~ **Daniel L. Dwyer**  
**14217 THIRD STREET  
DADE CITY, FL 33523**

**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 familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if 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 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 #	P03000074935
NAME	OAK LAIR, INC
STREET ADDRESS	14402 OLD MISSION ROAD
CITY-ST-ZIP	DADE CITY, FL 33525
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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**100089611111**  
**02/27/07--01056--003 \*\*500.00**

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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: Diana B Mander, Director - Oak Lair, Inc 2-16-07 567.7424**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #