

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # A03000001546

1. Entity Name
LEARY FAMILY PARTNERSHIP, LLLP



Principal Place of Business
**1115 EAST LIVINGSTON STREET
ORLANDO, FL 32803**

Mailing Address
**1115 EAST LIVINGSTON STREET
ORLANDO, FL 32803**



03052007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0342523

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERT F. VASON, JR., P.A.
501 EAST FIFTH AVENUE
MOUNT DORA, FL 32757**

**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 # **L03000037549**
NAME **LEARY FAMILY LLC**
STREET ADDRESS **1115 EAST LIVINGSTON STREET**
CITY-ST-ZIP **ORLANDO, FL 32803**

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000000670424
03/27/07-80111-002 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

WILLIAM N LEARY

3/5/07

Date

(407) 841-1115

Daytime Phone #

STATE OF FLORIDA