
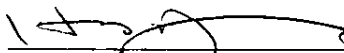


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR -5 AM 9: 25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # A03000001752					
1. Entity Name ROBUCK VENTURES, LLLP					
Principal Place of Business 610 EAST MAIN ST LEESBURG, FL 34748			Mailing Address 610 EAST MAIN ST LEESBURG, FL 34748		
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
4. FEI Number 81-0640024				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 ROBUCK, H.D. JR. 610 EAST MAIN ST LEESBURG, FL 34748			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	ROBUCK, H.D. TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	9345 SILVER LAKE DR				
CITY-ST-ZIP	LEESBURG, FL 34748				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	ROBUCK, H.D. JR.		CITY-ST-ZIP		
STREET ADDRESS	610 EAST MAIN ST				
CITY-ST-ZIP	LEESBURG, FL 34748				
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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: 			02/09/07		352-314-3177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER H. D. Robuck, Jr.			Date		Daytime Phone #

STAPLE CHECK HERE



02092007 Chg-LP CR2E003 (12/06)

4. FEI Number
81-0640024

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

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SIGNATURE: 

02/09/07 352-314-3177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

H. D. Robuck, Jr.