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2007 AUG 20 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2007 LIMITED PARTNERSHIP ANNUAL REPORT**
Due By September 14, 2007

DOCUMENT #A04000000525			
1. Entity Name C. DENNIS CARLTON FAMILY LIMITED PARTNERSHIP, LLLP			
Principal Place of Business 7414 COMMERCE STREET RIVERVIEW, FL 33569		Mailing Address 7414 COMMERCE STREET RIVERVIEW, FL 33569	
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 20-0944092		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 CARLTON, C. DENNIS 7414 COMMERCE STREET RIVERVIEW, FL 33569		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 date if applicable.</small>			
FILE NOW!!! FEE IS \$900.00 On or after September 14, 2007, Fee will be \$1000.00			
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	CARLTON, C. DENNIS	CITY-ST-ZIP	400108 FU 7864
STREET ADDRESS	7414 COMMERCE STREET		09/28/07--01039--017 \$900.00
CITY-ST-ZIP	RIVERVIEW, FL 33569		
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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: _____		Date _____	
C. Dennis Carlton		8/15/07	

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