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

#### DOCUMENT # A0400000734

SSR FAMILY, LTD



Principal Place of Business

3300 PHILIPS HIGHWAY JACKSONVILLE, FL 32207 Mailing Address

PO BOX 5369 JACKSONVILLE, FL 32247

# **FILED** Apr 23, 2007 08:00 A Secretary of State



03042007 No Chg-LP DO NOT WRITE IN THIS SPACE

CR2E003 (12/06)

4. FEI Number 65-1246592

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGEHEE, F. SUTTON JR 3300 PHILIPS HIGHWAY JACKSONVILLE, FL 32207

## 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.			
the obligations of registered agent.	8. The above named entity submits this statement for the purpose of changing its registered	ffice or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.		

Signature, typed or printed name of registered agent and title if applicable

#### 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.

		NOTE: General Partners MAY NOT be changed on the t		
	12.	GENERAL PARTNER INFORMATION		
	DOCUMENT #	L04000032281		
	NAME	AMR FAMILY, LLC		
	STREET ADDRESS	3300 PHILIPS HIGHWAY		
	CITY - ST - ZIP	JACKSONVILLE, FL 32207		
_	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
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	DOCUMENT # NAME STREET ADDRESS			

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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. (904)

SIGNATURE:

CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS

STAPLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Ann